

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A18792 1. Entity Name BELAIR GROVES, LIMITED	
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Principal Place of Business P.O. BOX 458 TANGERINE FL 32777-0458	Mailing Address P.O. BOX 458 TANGERINE FL 32777-0458
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 59-2480495	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHASE, SYDNEY O III 7684 LAKE OLA DRIVE MOUNT DORA FL 32757-0458	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$2,253,841.80	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHASE, SYDNEY O., III, TRUSTEE	CITY-ST-ZIP	U00000087424
STREET ADDRESS	7684 LAKE OLA DRIVE		03/15/04-80011-003 526.25
CITY-ST-ZIP	MOUNT DORA FL 32757-0458	STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
NAME	LASBURY, R. CHASE	STREET ADDRESS	
STREET ADDRESS	1268 MELISSA COURT	CITY-ST-ZIP	
CITY-ST-ZIP	WINTER PARK FL 32789	STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
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DOCUMENT #	NAME	CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Sydney O Chase III* **Sydney O Chase III** *23 February 04* **352 385 4446**