

**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			
Principal Place of Business P.O. BOX 458 TANGERINE FL 32777-0458		Mailing Address P.O. BOX 458 TANGERINE FL 32777-0458	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
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			
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	
STREET ADDRESS	CHASE, SYDNEY O., III, TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	7684 LAKE OLA DRIVE MOUNT DORA FL 32757-0458		U00000087424 03/15/04-80011-003 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LASBURY, R. CHASE	CITY-ST-ZIP	
CITY-ST-ZIP	1268 MELISSA COURT WINTER PARK FL 32789		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number 59-2480495 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: Sudney O Chase III Sudney O Chase III 23 February 04 352 385 4446

STAPLE CHECK HERE