


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 19 AM 10:00

WL
03/02/04

DOCUMENT # A00000000598 1. Entity Name BELLER INVESTMENTS, LTD.	
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Principal Place of Business 2645 SOUTH BAYSHORE DRIVE, SUITE 1101 MIAMI, FL 33133	Mailing Address 2645 SOUTH BAYSHORE DRIVE, SUITE 1101 MIAMI, FL 33133
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2. Principal Place of Business 1111 Brickell Avenue Suite, Apt. #, etc. Suite 2915 City & State Miami, Florida Zip 33131 Country US	3. Mailing Address 1111 Brickell Avenue Suite, Apt. #, etc. Suite 2915 City & State Miami, Florida Zip 33131 Country US
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02052004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1067424	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent KRINZMAN, RICHARD N 2645 SOUTH BAYSHORE DRIVE, SUITE 1101 MIAMI, FL 33133	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	KRINZMAN, RICHARD N	CITY-ST-ZIP	
STREET ADDRESS	2645 SOUTH BAYSHORE DRIVE, SUITE 1101		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KRINZMAN, ALAN E	CITY-ST-ZIP	
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, 15TH FLOOR		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/03/04-01005-010-44526.25

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/04 305-854-9700
Date Daytime Phone #

STAPLE CHECK HERE