

2007-LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A00000000598

1. Entity Name
BELLER INVESTMENTS, LTD.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 26 AM 9:46

Principal Place of Business
**1111 BRICKELL AVENUE, SUITE 2915
MIAMI, FL 33131**

Mailing Address
**1111 BRICKELL AVENUE, SUITE 2915
MIAMI, FL 33131**



07052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1067424

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	KRINZMAN, RICHARD N	2645 SOUTH BAYSHORE DRIVE, SUITE 1101	MIAMI, FL 33133
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	KRINZMAN, ALAN E	2525 PONCE DE LEON BLVD. 121 ALHAMBRA CORAL GABLES, FL 33184 PLAZA, CORAL GABLES Florida, 33134	
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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07/27/07--01027--004 **900.00

BLT

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

7/9/07 305-854-9700

STAPLE CHECK HERE