


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000402 1. Entity Name BELMONT HEIGHTS ASSOCIATES, LTD.					
Principal Place of Business ONE STOW ROAD P.O. BOX 795 MARLTON, NJ 08053			Mailing Address ONE STOW RD ATTN: LIZ THISTLE MARLTON, NJ 08053		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 52-2221306			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNROE, W. BRADLEY ESQ. 239 EAST VIRGINIA ST. TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$16,183,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P00000022027		STREET ADDRESS		
NAME	BELMONT-MICHAELS CORP.		CITY-ST-ZIP		
STREET ADDRESS	ONE STOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARLTON, NJ 08053		CITY-ST-ZIP		
DOCUMENT #	M00000000565		STREET ADDRESS		
NAME	RELATED TAMPA, LLC		CITY-ST-ZIP		
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			_____ Date: 3/8/05 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



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