

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.



02232005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
 52-2221306

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ.
 239 EAST VIRGINIA ST.
 TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 # NAME STREET ADDRESS CITY-ST-ZIP	PO0000022027 BELMONT-MICHAELS CORP. ONE STOW ROAD MARLTON, NJ 08053	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M0000000565 RELATED TAMPA, LLC 625 MADISON AVE. NEW YORK, NY 10022	STREET ADDRESS CITY-ST-ZIP	U000000255384 09/08/05-80012-010 526.25
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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

2/25/05

Date

Daytime Phone #

STAPLE CHECK HERE