## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0000002057

1. Entity Name
BELLEAIR PARTNERS, LTD.

FILED Jan 24, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1153 EDGEWATER CIRCLE BRADENTON, FL 34209 1153 EDGEWATER CIRCLE BRADENTON, FL 34209



01202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For S9-3689713 Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, LEON S 1153 EDGEWATER CIRCLE BRADENTON, FL 34209

## 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 tale if applicable			DATE
	FILE NOW!!! FEE 18 \$500.00 After May 1, 2007, Fee will be \$900.00		U00000600806 01/26/07-80026-002 500.00
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	The state of the s	
DOCUMENT #	P01000007180		
NAME	BELLEAIR OAKS, INC.		
STREET AODRESS	1153 EDGEWATER CIRCLE		
CITY-ST-ZIP	BRADENTON, FL 34209		
DOCUMENT #			
NAME			
STREET ADDRESS			
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NAME			OT MENTE
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STREET ADDRESS			
CITY-ST-ZIP			

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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING GENERAL PARTNER