2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 28, 2007 08:00 AN Secretary of State

| Due by May 1, 2007 | | | | 141a1 20, 2007 00:00 | |
|---|---|--|------------------------|---|---|
| DOCUMENT # A0100000746 1. Entity Name THE BELFORD LIMITED PARTNERSHIP | | | | Sec | cretary of Stat |
| 2385 EXECU SUITE 100 | ce of Business JTIVE CENTER DR N, FL 33431 | Mailing Address 2385 Executive Center DR Suite 100 BOCA RATON, FL 33431 | | | |
| DO NOT WRITE IN THIS SPA | | | CF | 02162007 No Chg-LP | CR2E003 (12/06) |
| | | | | 4. FEI Number 65-1108755 | Applied For Not Applicable \$8.75 Additional |
| | | | | 5. Certificate of Status Desired | Fee Required |
| | 6. Name and Address of Ca | arrent Registered Agent | - | -· | |
| BELFORD, HOWARD I 2385 NW EXECUTIVE CTR DR., STE 100 BOCA RATON, FL 33431 | | | | DO NOT WE | RITE |
| | | | | IN THIS SPA | ACE |
| | A | | | | |
| | tions of refinitered spenty M | nent for the purpose of changing its registe | red office or register | ed agent, or both, in the State of Floric | da. I am familiar with, and accept |
| Signature, typed or printed name of registered goest and total it applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | 0000005 (4/04/07-8 | 81731 0056-014 500.00 |
| 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. | | RTNER INFORMATION | ., | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | P01000051949 BELFORD INVESTMENTS 2385 EXECUTIVE CENTER BOCA RATON, FL 33431 | = | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| DOCUMENT / NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WR | IIE |
| DOCUMENT # | | | | IN THIS SPA | CE |
| STREET ADDRESS CITY-ST-ZIP | | | | | |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZP | | | | | |

14. I hereby certify that the information supplied with this filling 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 objurate 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 trusteepen powered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTHER

3/26/07

561-981-2576

Daytime Phone #