
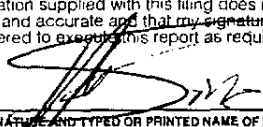


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001017</b> 1. Entity Name <b>BELLAIRE MEDICAL INVESTORS, LTD.</b>					
Principal Place of Business <b>3399 PGA BLVD., SUITE 240          PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3399 PGA BLVD., SUITE 240          PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business Suite, Apt #, etc			3. Mailing Address Suite, Apt #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>65-1116399</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIERCE, THOMAS K          3399 PGA BLVD., SUITE 240          PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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			DATE		
9. Capital Contributions as Shown on record <b>\$1,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>A01000000928</b> NAME <b>BELLAIRE MEDICAL EQUITY INVESTORS, LTD.</b> STREET ADDRESS <b>3399 PGA BLVD., SUITE 240</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>			STREET ADDRESS CITY-ST-ZIP		
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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					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date					
Daytime Phone #					

STAPLE CHECK HERE