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SECRETARY OF STATES TALLAHASSEE FLORIDA

DUE BY MAY 1, 2003

MJM

Applied For Not Applicable

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AM EO
 c#CR

Principal Place of Business 3535 HIAWATHA AVE., SUITE 101

DOCUMENT # 1. Entity Name
BELCO, LTD. LLLP

> Mailing Address 3535 HIAWATHA AVE., SUITE 101 MIAMI FL 33133

MIZ	AMI FL 33133
2.	Principal Place of Business

City & State

Zip

3. Mailing Address

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01839

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Country

Zip

Country

4. FEI Number 59-2096085

5. Certificate of Status Desired

\$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

BELLAMY, ROBERT R CHATEAU ELIZABETH OFFICE, SUITE 101 3535 HIAWATHA AVENUE MIAMI FL 33133-4077

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

CHC) THAT

Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions

as Shown on record.

\$700,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	P14382 BELCO REALTY, INC.	STREET ADDRESS	000018005560 05/05/0301053004 **526.25
STREET ADDRESS CITY-ST-ZIP	one E. Liberty St. Reno nv	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	*	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET AODRESS CITY-ST-ZIP		CITY-ST-ZIP	<u> </u>
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-\$T-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 2

4/24/03

<u>305-856-5561</u>