

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A02882 1. Entity Name BELLEVUE INTERCHANGE PARTNERSHIP, LTD.	
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Principal Place of Business 5015 ST. MICHAEL AVE. ORLANDO FL 32812	Mailing Address 5015 ST. MICHAEL AVE. ORLANDO FL 32812
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 59-1476420	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, JEANNE G. 5015 ST. MICHAEL AVE. ORLANDO FL 32812
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7. Name and Address of New Registered Agent

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. \$265,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	DAVIS, JEANNE G.	STREET ADDRESS	
NAME	5015 ST. MICHAEL AVENUE	CITY-ST-ZIP	
STREET ADDRESS	ORLANDO FL 32812		
CITY-ST-ZIP			
DOCUMENT #	STILWELL, JOHN P	STREET ADDRESS	000000111343
NAME	530 EAST CENTRAL BOULEVARD, SUITE 1201	CITY-ST-ZIP	04/13/04-80013-011 526.25
STREET ADDRESS	ORLANDO FL 32801		
CITY-ST-ZIP			
DOCUMENT #	LEVIN, STANLEY B	STREET ADDRESS	
NAME	316 S. BAYLEN STREET	CITY-ST-ZIP	
STREET ADDRESS	PENSACOLA FL 32501		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Jeanne G. Davis*
JEANNE G. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
4/3/04 407-855-4669
Date Daytime Phone #

STAPLE CHECK HERE