


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED

**Apr 09, 2005 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

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

6. Name and Address of Current Registered Agent DAVIS, JEANNE G. 5015 ST. MICHAEL AVE. ORLANDO FL 32812		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____		
9. Capital Contributions as Shown on record. \$265,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

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	STREET ADDRESS	
STREET ADDRESS	DAVIS, JEANNE G.	CITY- ST- ZIP	
CITY- ST- ZIP	5015 ST. MICHAEL AVENUE ORLANDO FL 32812		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	STILWELL, JOHN P	CITY- ST- ZIP	
CITY- ST- ZIP	530 EAST CENTRAL BOULEVARD, SUITE 1201 ORLANDO FL 32801		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LEVIN, STANLEY B	CITY- ST- ZIP	
CITY- ST- ZIP	316 S. BAYLEN STREET PENSACOLA FL 32501		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY- ST- ZIP	
CITY- ST- ZIP			
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STREET ADDRESS		CITY- ST- 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)(f), 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 C. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: 3/30/05 Daytime Phone #: 408-855-4669

STAPLE CHECK HERE