

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A02882	
1. Entity Name BELLEVUE INTERCHANGE PARTNERSHIP, LTD.	

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 (10/05)

4. FEI Number 59-1476420	Applied For ☐ Not Applied
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5. 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	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 CITY-ST-ZIP	DAVIS, JEANNE G. 5015 ST. MICHAEL AVENUE ORLANDO FL 32812	STREET ADDRESS CITY-ST-ZIP	59-1476420 03/22/06-80011-005 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STILWELL, JOHN P 530 EAST CENTRAL BOULEVARD, SUITE 1201 ORLANDO FL 32801	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LEVIN, STANLEY B 316 S. BAYLEN STREET PENSACOLA FL 32501	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 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 3/18/06 401-855-4663