

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 10, 2007 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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	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, 2007, 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	
NAME	DAVIS, JEANNE G	CITY- ST- ZIP	
STREET ADDRESS	5015 ST. MICHAEL AVENUE		
CITY- ST- ZIP	ORLANDO FL 32812		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	GRANT, WENDY D	CITY- ST- ZIP	
STREET ADDRESS	3413 CULLEN LAKE SHORE DRIVE		
CITY- ST- ZIP	ORLANDO FL 32812		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEVIN, STANLEY B	CITY- ST- ZIP	
STREET ADDRESS	316 S. BAYLEN STREET		
CITY- ST- ZIP	PENSACOLA FL 32501		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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STREET ADDRESS			
CITY- ST- ZIP			

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 4/6/07 407-855-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE