

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 26 PM 12: 32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


**DOCUMENT # A04000001917**

1. Entity Name  
**BELLAVISTA TAMPA APARTMENTS LTD.**



Principal Place of Business      Mailing Address  
**3700 AIRPORT ROAD, SUITE 404**      **3700 AIRPORT ROAD, SUITE 404**  
**BOCA RATON, FL 33431**                      **BOCA RATON, FL 33431**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122005    Chg-LP    CR2E003 (10/03)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEINBERG, LAWRENCE B**  
**700 S. FEDERAL HIGHWAY, SUITE 200**  
**BOCA RATON, FL 33432**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,400,000.00**

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 #	P04000163694	STREET ADDRESS	<b>400054343904</b>
NAME	BELLAVISTA GP INC.	CITY-ST-ZIP	
STREET ADDRESS	3700 AIRPORT ROAD, SUITE 404	STREET ADDRESS	<b>05/12/05--01079--009 **526.25</b>
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Lawrence B Steinberg***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Apr. 21/05 561-247-7775**  
Date Daytime Phone #