

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # A16926

1. Entity Name:

BELLEAIR VILLAGE, LTD.



Principal Place of Business

1025 CLEARWATER-LARGO ROAD
LARGO FL 33770

Mailing Address

1025 CLEARWATER-LARGO ROAD
LARGO FL 33770



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/07)

4. FEI Number

59-3100200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOBANPUTRA, ATUL K
1025 CLEARWATER LARGO RD.
LARGO FL 33770

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]

4-10-08

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #		STREET ADDRESS	
NAME	JOBANPUTRA, ATUL K	CITY - ST - ZIP	
STREET ADDRESS	1025 CLEARWATER-LARGO RD		
CITY - ST - ZIP	LARGO FL		
DOCUMENT #		STREET ADDRESS	U00000898088
NAME		CITY - ST - ZIP	04/25/08-80075-008 500.00
STREET ADDRESS			
CITY - ST - ZIP			
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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 exemptions contained in Chapter 110, 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:

[Signature]

ATUL K. JOBANPUTRA 4-10-08 (727)584-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Printing Name

STAPLE CHECK HERE