

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**


FILED

07 MAY 17 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A17553**

1. Entity Name  
**BEL AIRE APARTMENTS, LTD.**



Principal Place of Business  
**TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606**

Mailing Address  
**TWO N. RIVERSIDE PLAZA  
TWO NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606**

2. Principal Place of Business - Not P.O. Box #  
**25 Philips Parkway**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc. **← same**

City & State  
**Montvale NJ**

City & State

Zip  
**07645** Country  
**USA**

Zip Country



04222007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**59-2547856**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT #	M06000005028
NAME	EMPIRIAN LEXFORD GP 3 LLC
STREET ADDRESS	25 PHILIPS PARKWAY
CITY-ST-ZIP	MONTVALE, NJ 07645
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>400103007844</b> 05/22/07--01016--003 **45500.00
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **4/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #