FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 4000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

98 JAH - 2 PH 12: 33

1998	DIVISION OF COR	RPORATIONS	SECTION OF	Art ent
1. Name of Limited Partnership	1a. DOCUMENT # A18792		SECRETARY OF STATE TALLAHASSEE.FLORIUM	
BELAIR GROVES, LIMITED				
				AL1/20
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
2850 CLOVERBROOK PLACE LAKE MARY FL 32746	2850 CLOVERBROOK PLACE LAKE MARY FL 32746		01/07/1985 3a. Date of Last Report	\$2,253,841.80
			12/13/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:
			FL	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-2480495	Applied For Not Applicable
Zip Country	Zip (Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	200		8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of C	Current Registered Agent		10. If changed, new Registerer	d Agent/Office
CHASE, SYDNEY O III 2850 CLOVERBROOK PLACE LAKE MARY FL 32746		Name Street Address (P.O. Box Number S. Mark Address P.O. Box Number P.O. Box Numb		
agent. I am famikar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointme			DATE	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NO1 Use Post Office Box			11c. Registration/
CHASE, SYDNEY O.,III	2850 CLOVERBROOK PLA		AKE MARY FL 32746	
LASBURY, R. CHASE	222 ROCKWOOD WAY		INTER PARK FL 32789	
1				[
'v			000002 -01/26. ****43	4119505 /9801103002 37.50 ****437.50
Note: General partners MAY I	NOT be changed on this form;	an amendm		
this annual report is true and accurate and that empowered to execute this report as required to	ice with Section 119.07(3)(k) in the event that the info t my signature shall have the same legal effects as if by chapter 620. Florida Statutes	rmation supplied is de	eemed exempt from public access. I furth rther certify that I am a General Partner of	er certify that the information indicated on
SIGNATURE	VC. 1. DAL	777	DATE	NO 200 -119/

SI	G	ΝΔ	TL	JRE
O	u	177		/I IL

Typed or Printed Name of General Partner Signing Form 1. 3 ydusy 0. Chose dll