

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # A28826

1. Entity Name
BELZ INVESTCO LIMITED PARTNERSHIP



Principal Place of Business
**100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103**

Mailing Address
**100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103**



01162007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1375552

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 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

U000000642755
03/01/07-80057-008 500.00
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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BELZ, JACK A
100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F93000002017
URCO, INC.
100 PEABODY PL., STE. 1400
MEMPHIS, TN 38103**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jimmie D. Williams

Date

Daytime Phone #

2-1-07 901-767-4780

STAPLE CHECK HERE