

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 26 AM 10:25

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000424

BELLA GRANDE, LTD.

GU-AR 1007
CM



Mailing Address

450 CHALLENGER RD
CAPE CANAVERAL FL 32920

Principal Office Address

450 CHALLENGER RD
CAPE CANAVERAL FL 32920

3. Date Formed or Registered

04/21/1993

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

12/01/1997

5b. Amount of Capital
Contributions in FLORIDA
to date

1,209,650

4. State or Country of Formation

FL

6. FEI Number

59-3476583 59-3402123

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

PA

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ
450 CHALLENGER RD
CAPE CANAVERAL FL 32920

10. If changed, new Registered Agent/Office

Name

Michael A. Hartman

Street Address (P.O. Box Number is Not Acceptable)

450 Challenger Road

Suite, Apt. #, etc.

City

Cape Canaveral

FL

Zip Code

32920

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Michael A. Hartman

DATE

FF 526 25
AUS 8 '95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

HERITAGE PARTNERS GROUP VII

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

450 CHALLENGER RD

11b. City, State & Zip Code

CAPE CANAVERAL FL 329

11c. Registration/
Document Number

P93000075715

600002788376--2
-02/26/99--01050--009
****535.00 ****535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Alison Kenna-Mull Colvard, V.P. of G.P.

DATE

12/31/98

Typed or Printed Name of General Partner Signing Form

ALISON KENNA-MULL COLVARD

Daytime Telephone Number

407-799-4090 x 284

CR2E003 (8/98)