2000 UNIFORM BUSINESS REPORT (UBR) APPROVED APPROVED					
DOCUMENT # A9300000424 1. Entity Name				FILED)012582 A
BELLA G	GRANDE, LTD.	•		90 MAR 29 PM 12: 40 ml 415	
Principal Place		Mailing Address 450 CHALLENGER RD CAPE CANAVERAL FL 329	31-5102	SECRETARY OF STATE FALLAHASSEE, FLORIDA	
5505 N.	lace of Business Atlantic Ave.	3. Mailing Address 5505 N. Atlant	ic Ave.		
Suite, Apt. 115		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Cocoa Be	e each, FL	City & State Cocoa Beach, E	TL	4. FEI Number 59-3402122 Applied For Not Applicab	le
Zip 32931	Country USA	Zip 32931	Country USA	5. Certificate of Status Desired	
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent	J.,
	A MICUAEL A	A THE RESERVE OF THE PARTY OF T	Name Jac	cqueline McPhillips	
HARTMAN, MICHAEL A 450 CHALLENGER RD				et Address (P.O. Box Number is Not Acceptable) 05 N. Atlantic Ave., #115	
1	NAVERAL FL 32920		33,	05 N. Attaited Ave., #115	
OAI E OAI	MATINE I E DEDE		Çity	ocoa Beach FL Zip Code 32931	-
8. The above named entity submits this statement for the purpose of changing integrated office or registered agent, or both, in the State of Florida.					
	Mr. welling	MESS, UV		1-14-00	
· SIGNATURE C	Signature, typed or brinted name of registered agent ar			ignature required when reinstating) DATE DATE	
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da	ite. 1,20	9,650 SEE REVERSE SIDE FOR FEE INFORMATION	_
	A GENERAL PARTNER TI NOTE: General Partners MA	HAT IS A BUSINESS ENT / NOT be changed on the	rity MUST B e form; an ar	BE REGISTERED AND ACTIVE WITH THIS OFFICE. Imendment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION DOCUMENT # P93000075715			13.	ADDRESS CHANGES ONLY	_
DOCUMENT# NAME	HERITAGE PARTNERS GROUP VIII, INC.		STREET ADDRES	5505 N. Atlantic Ave., #115	6/6)
STREET ADDRESS CITY+ST-ZIP	450 CHALLENGER RD CAPE CANAVERAL FL 32920		CITY-ST-ZIP	Côcoa Beach, FL 32931	CR2E003 (9/99)
DOCUMENT#			STREET ADDRES	7000032070271	75
NAME STREET ADDRESS	·		CITY-ST-ZIP	****526.25 *****526.25	
DOCUMENT#			STREET ADDRES	70003207027 1 -04/13/0001039015	
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CITY-ST-ZIP			CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
DO(*JMENT# NAME:			STREET ADDRE	ESS	_
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #					
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