


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000000424 1. Entity Name BELLA GRANDE, LTD.	
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FILED
 07 MAY 18 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. # 108 City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. # 108 City & State Zip Country
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04132007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3402122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent Name KINCAID, James Street Address (P.O. Box Number is Not Acceptable) 5505 N ATLANTIC AVE, # 108 City COCOA BEACH 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 *James Kincaid* DATE 4/20/07

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

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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
P93000075715 HERITAGE PARTNERS GROUP VIII, INC. 5505 N. ATLANTIC AVE., STE. 115 COCOA BEACH, FL 32931	5505 N ATLANTIC AVE, # 108
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	600103699696 06/01/07-01010-006 **580.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	700103701727 06/01/07-01014-006 **508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: *James Kincaid* 4/20/2007 321-799-4090

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