

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

**DOCUMENT # A93000000424**

1. Entity Name  
 BELLA GRANDE, LTD.



Principal Place of Business  
 5505 N. ATLANTIC AVE., #108  
 COCOA BEACH, FL 32931

Mailing Address  
 5505 N. ATLANTIC AVE., #108  
 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #

ATLANTIS ROAD

3. Mailing Address

PO Box 321209

Suite, Apt. #, etc.

405-B

Suite, Apt. #, etc.



04102008

Chg-LP

CR2E003 (12/06)

City & State

CAPE CANAVERAL FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3402122

Applied For

Not Applicable

Zip

32920

Country

USA

Zip

32932-1209

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KINCAID, JAMES  
 5505 N. ATLANTIC AVE., #108  
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name

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

405-B ATLANTIS ROAD

City

CAPE CANAVERAL

FL

Zip Code

32920

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

500128734645  
 05/07/08--01009--022 \*\*508.75

**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 # P93000075715  
 NAME HERITAGE PARTNERS GROUP VIII, INC.  
 STREET ADDRESS 5505 N. ATLANTIC AVE., STE. 108  
 CITY-ST-ZIP COCOA BEACH, FL 32931

13. ADDRESS CHANGES ONLY

STREET ADDRESS

405-B ATLANTIS ROAD

CITY-ST-ZIP

CAPE CANAVERAL, FL 32920

DOCUMENT #

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

James Kincaid

4/22/08

321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE