

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -8 PM 1:58



1. Name of Limited Partnership

1a. DOCUMENT #
A93000000935

BELLE RIVE FINANCING PARTNERSHIP, LTD.

Mailing Address

% DARYL B. CRAMER, P.A.
250 AUSTRALIAN AVE., SOUTH, SUITE 201
WEST PALM BEACH FL 33401

Principal Office Address

% DARYL B. CRAMER, P.A.
250 AUSTRALIAN AVE., SOUTH, SUITE 201
WEST PALM BEACH FL 33401

3. Date Formed or Registered

09/15/1993

5a. Capital Contributions as
Shown on record.

\$620,000.00

3a. Date of Last Report

03/27/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$620,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0472745

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$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

CRAMER, DARYL B ESQ.
250 AUSTRALIAN AVENUE SOUTH, SUITE 201
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

Daryl B. Cramer, P.A.

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

250 Australian Avenue South

Suite, Apt. #, etc.

Suite 201

City

West Palm Beach

FL

Zip Code

33401

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)

DATE 4/6/97

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)

BELLE RIVE GENERAL PARTNER,

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

9030 LESLIE STREET, S

11b. City, State & Zip Code

RICHMOND HILL, ONT.,

11c. Registration/
Document Number

P93000060940

400002140614--1
-04/11/97--01084--014
****\$50.00 ****\$50.00

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

DATE

4/3/97

William P. Myers, President of Belle Rive General Partner, Inc.

Typed or Printed Name of General Partner Signing Form

General Partner

Daytime Telephone Number

(202) 555-1112

CP2E003 (11/96)