


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 APR -6 AM 10:20

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BELLE RIVE FINANCING PARTNERSHIP, LTD.		1a. DOCUMENT # A93000000935		
Mailing Address % DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401		Principal Office Address % DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401		3. Date Formed or Registered 09/15/1993
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/11/1998
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		5a. Capital Contributions as Shown on record \$620,000.00
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date: \$620,000.00
				6. FEI Number 65-0472745 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accepted) Suite, Apt. #, etc. City FL
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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

**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) 9000 LEONE STREET, S 515 N. Flagler Dr	11b. City, State & Zip Code DICHMOND HILL, ONT West Palm Beach, FL 33	11c. Registration/Document Number P93000060940
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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 3/22/99

Typed or Printed Name of General Partner Signing Form **Fabrizio Lucchese, Secretary**

Daytime Telephone Number **905/882-1212**

CR2E003 (12/98)