

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000935**

1. Entity Name  
**BELLE RIVE FINANCING PARTNERSHIP, LTD.**



Principal Place of Business  
**% DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410-2758**

Mailing Address  
**% DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410-2758**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**65-0472745**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BLVD STE. 508**  
**PALM BEACH GARDENS, FL 33410**

Name

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

City

**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

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

DATE

9. Capital Contributions  
as Shown on record. **\$620,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$620,000.00**

**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 # **P93000060940**  
NAME **BELLE RIVE GENERAL PARTNER, INC.**  
STREET ADDRESS **3801 PGA BOULEVARD STE. 508**  
CITY- ST- ZIP **PALM BEACH GARDENS, FL 334102758**

STREET ADDRESS

CITY- ST- ZIP

**000000153731**  
**05/10/04 00043 000 535.00**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** By **Belle Rive General Partner, Inc.**  
*[Signature]*

**MARCH 31/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE