2005 LIMITED PARTNERSHIP ANNUAL REPORT

| Due By May 1, 2905 | | | | | r | | | |
|--|----------------------------------|---|---|-------------------------------------|--|----------------|---|--|
| DOCUMENT # A9300000935 | | | | FILED | | | | |
| 1. Entity Name BELLE RIVE FINANCING PARTNERSHIP, LTD. | | | | | 2005 APR | 27 AI | 4 9: 33 | |
| | | | TREE | | DIVISION O | E CORP | ORATIONS | |
| Principal Place of Business | Mailing Address | | | | O NOILIVIJO NHAJJAJ | ASSEE | EL UBIDA | |
| % DARYL CRAMER & ASSOC., P.A. | % DARYL CRAMER & AS | | | | • | , | COMBA | |
| 3801 PGA BLVD SUITE 508 Palm Beach Gardens, Fl. 33410-2758 | 508 5, FL 33410-275 | ρ | • | | | | | |
| TALM DEACH GARDENS, LE 33410-2730 | PALINI DEACH GARDENS | 5, IL 33410-273 | 0 | | | | ID (TARIK KITA) BAIDI BA IDDI | |
| 2. Principal Place of Business 3. Mailing Address C/O H | | | er III | | | | | |
| C/O Harris Cramer IIP 1555 Palm Beach Lal Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | |
| 1555:Palmi Beach Lakes Blvd., Ste. 310 Suite 3 | | | | 03092005 | Chg-LP | CR2E0 | 03 (10/03) | |
| City & State | City & State | | ĺ | 4. FEI Number | 745 | *** | Applied For | |
| West Palm Beach, FL Zip Country | West Palm Beach | Country | | 65-0472 | | | Not Applicable \$8.75 Additional | |
| 33401 USA | 33401 | USA | USA I | | Status Desired | | Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent Name | | | | | |
| DARYL CRAMER & ASSOC., P.A. | | | Harris Cramer IIP | | | | | |
| 3801 PGA BLVD STE. 508 | | | Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Rivd. | | | | | |
| PALM BEACH GARDENS, FL 33410 | | | | | | | | |
| | | City | ite 31 | | | FI | Zip Code | |
| 8. The above named entity submits this statement for | r the purpose of changing its | | Palm B | | in the State of Flo | orida. Lam f | 33401 amiliar with and accept | |
| the obligations of registered agent. | Harris Ci | ramer LLP by | Darvl | Cramer & | Associates | , P.A., | Partner | |
| SIGNATURE | | oy Daryl B. | Cramer | , President | 4 | 126/01 | <u></u> | |
| Signature, typed or printed name of registered agent | ī | ol Contributions | | | | 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 1 | HAT IS A BUSINESS EN | • | | ERED AND AC | TIVE WITH TH | IIS OFFICE | | |
| NOTE: General Partners MA | <u></u> | he form; an am | endment | must be filed | | _ | | |
| 12. GENERAL PARTNER INFORMATION DOCUMENT # P93000060940 | | | 1 | | ADDRESS CH. | ANGES ONL | .Y | |
| | BELLE RIVE GENERAL PARTNER, INC. | | | 5 Palm Beach Lakes Elvd., Suite 310 | | | | |
| 1 | 3331. 3 | | | Palm Beach, | FL 33401 | | | |
| BOCUMENT # | 34102756 | | | | | | ··- | |
| NAME | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
| DOCUMENT # | | STREET ADDRESS | | | | | | |
| NAME STREET ADDRESS | | OUTLY AT THE | ļ | | 00543 | 215° | 220 | |
| CITY-ST-ZIP DOCUMENT # | | CITY-ST-ZIP | | 057107 | 00543 0501067 | `nñ4 | **535_00 | |
| NAME NAME | | STREET ADDRESS | <u></u> | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP OUT TO THE T | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-S9-ZIP | | CITY-ST-ZIP | | | | | | |
| DOCUMENT# | | STREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | | | | | | |
| 14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute the Pelle R 14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute the Pelle R | that my consture chall have | the same legal effe ter 620. Florida Sta | ect so if mo | ade under oath; t | Florida Statutes. hat I am a Genera | I further cert | ify that the information the limited partnership or | |
| SIGNATURE: | PRINTED NAME OF SIGNING-GENER. | AI PARTUSO | | | Date | 702_3 | 382-1212 systeme Phone # | |
| BY: | MANUEL OF SHARMUNGENER | TANINEN | | | Jake . | <u> </u> | ayurred FIRANCE | |