2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000935

1. Entity Name

BELLE RIVE FINANCING PARTNERSHIP, LTD.



FILED Apr 06, 2007 08:00 A Secretary of State

Principal Place of Business

C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310

WEST PALM BEACH, FL 33401

Mailing Address

C/O HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL 33401



01302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0472745 Applied For Not Applicable

5. Certificate of Status Desired

Y

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS CRAMER LLP 1555 PALM BEACH LAKES BLVD., STE. 310 WEST PALM BEACH, FL. 33401

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WEST FALM BEAGIN, LE 33401		IN THIS SPACE
8. The above the obligation	named entity submits this statement for the purpose of changing its regitions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	LIGODO DO APAREL
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	04/ 17/01088662 4±008 508.75
		Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000060940 BELLE RIVE GENERAL PARTNER, INC. 1555 PALM BEACH LAKES BLVD., STE. 310	•
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP	WEST PALM BEACH, FL 33401	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		

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 employeese to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

TUBE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PA

izio Luzchese, Secretary

905-882-121