

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 11 PM 2:01

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000936

BELLE RIVE PROJECT 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

04/08/1997

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

4. State or Country of Formation

FL

2. Mailing Address

c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc.
515 North Flagler Dr. #910

2a. Principal Office Address

c/o Daryl B. Cramer, P.A.
Suite, Apt. #, etc.
515 North Flagler Dr. #910

City & State

West Palm Beach, FL 33401

City & State

West Palm Beach, FL 33401

Zip

Country

Zip

Country

6. FEI Number

65-0472743

☐ 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

10. If changed, new Registered Agent/Office

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

Name

Daryl B. Cramer, P.A.

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

515 North Flagler Drive

Suite, Apt. #, etc.

Suite 910

City

West Palm Beach

Zip Code

FL 33401-4325

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)

[Signature]

DATE

3/4/98

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

BELLE RIVE GENERAL PARTNER,

9030 LESLIE STREET, S

RICHMOND HILL, ONT.,

P93000060940

800002456788--7
-03/13/98--01078--009
*****17.50 *****17.50

800002456788--7
-03/13/98--01078--010
*****535.00 *****535.00

3-11
3-CMS

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 By: *[Signature]*
BELLE RIVE GENERAL PARTNER, INC.

DATE

03/06/98

Typed or Printed Name of General Partner Signing Form William P. Myers, its President

Daytime Telephone Number

905-882-1216

CR2E003 (12/97)