


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A93000000936</b>	
<b>BELLE RIVE PROJECT PARTNERSHIP, LTD.</b>			
<b>Mailing Address</b>  % DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401		<b>Principal Office Address</b>  % DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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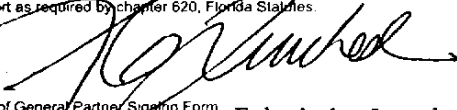
<b>3. Date Formed or Registered</b> <b>09/15/1993</b>	<b>5a. Capital Contributions as Shown on record</b> <b>\$620,000.00</b>
<b>3a. Date of Last Report</b> <b>03/11/1998</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> <b>\$620,000.00</b>
<b>4. State or Country of Formation</b> <b>FL</b>	<b>6. FEI Number</b> <b>65-0472743</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>

<b>9. Name and Address of Current Registered Agent</b>  DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401		<b>10. If changed, new Registered Agent/Office</b>  Name Street Address (P.O. Box Number) <b>500002834246-1</b> Suite, Apt. #, etc. <b>-04/03/99 -01004-022</b> City <b>***535.00 ***535.00</b> <b>FL</b>	
<b>10a.</b> 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 _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
BELLE RIVE GENERAL PARTNER,	<del>9000 LESUE STREET, S</del> 515 N. Flagler Dr.	<del>RICHMOND HILL, ONT.</del> West Palm Beach, FL 33	P83000060940

**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



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

DATE **3/22/99**

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

CR2E003 (12/98)