

2002 UNIFORM BUSINESS REPORT (UBR)

0002851 AV

DOCUMENT # A93000000936

1. Entity Name

BELLE RIVE PROJECT PARTNERSHIP, LTD.

FILED

02 APR 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% DARYL CRAMER & ASSOC., P.A.
515 NORTH FLAGLER DRIVE, #910
WEST PALM BEACH FL 33401

Mailing Address

% DARYL CRAMER & ASSOC., P.A.
515 NORTH FLAGLER DRIVE, #910
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number 65-0472743

Applied For
Not Applicable

5. Certificate of Status Desired XX **\$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.
515 NORTH FLAGLER DRIVE, #910
WEST PALM BEACH FL 33401

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.

SIGNATURE _____ **DATE** _____

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

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

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

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P93000060940	BELLE RIVE GENERAL PARTNER, INC.	515 NORTH FLAGLER DRIVE, #910	WEST PALM BEACH FL 33401
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

000005458320--6
-05/03/02--01065--023
*****535.00 *****535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Belle Rive General Partner, Inc.* *By: [Signature]* *SECRETARY OF STATE, Sec.* X 22-04-02 905-882-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)