2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A93000000936

1. Entity Name

BELLE RIVE PROJECT PARTNERSHIP, LTD.

Principal Place of Business

2. Principal Place of Business

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

Mailing Address

3. Mailing Address

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

FILED

02 APR 26 AM 9: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Signature, typed or printed name of registred agent and title if applicable. 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY D93000060940 BELLE RIVE GENERAL PARTNER, INC. 515 NORTH FLAGLER DRIVE, #910 WEST PALM BEACH FL 33401 STREET ADDRESS CITY-ST-ZIP D0CUMENT / NAME STREET ADDRESS CITY-ST-ZIP D0CUMENT / NAME STREET ADDRESS CITY-ST-ZIP C							<u> </u>				
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S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARYL CRAMER & ASSOC., P.A. SIS NORTH FLAGLER DRIVE. #910 WEST PALM BEACH FL 33401 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code A Clay Contributions SC20,000.00 10. Ancured of Capital Contributions SC20,000.00 11. MARK CITY ANALLET OR DRIVE. In His State of Fonda. SIGNATURE Symbol of protein ferror of Implication of Capital Contributions SC20,000.00 10. Ancured of Capital Contributions SC20,000.00 11. MARK CITY ANALLET OR DEPT. OF STATE SER REVERSE SIDE FOR FEE INFORMATION SCHOOL OF THE STATE SER REVERSE SIDE FOR FEE INFORMATION SCHOOL OF THE STATE SER REVERSE SIDE FOR FEE INFORMATION TO COUNTY IN HIS TO BE REGISTERED AND ACTIVE WITH THIS OFFICE. COUNTY IN HIS TO BE CONTRIBUTION OF THE STATE SER REVERSE SIDE FOR FEE INFORMATION TO COUNTY IN HIS TO BE CONTRIBUTION OF THE STATE SER REVERSE SIDE FOR FEE INFORMATION TO COUNTY IN HIS TO BE CAPITALED AND ACTIVE WITH THIS OFFICE. COUNTY IN HIS TO SER STATE ADDRESS ONLY STATE STATE ADDRESS ONLY STATE STREET ADDRESS ONLY STATE	City & State			City & Sta	City & State			4. FEI Number 65-0472743			
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CITY-ST-ZIP DOCUMENT # NAME \(\frac{1}{2} \) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby 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 and 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 and 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 and that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information and that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information and the same legal effect as if made under path; that I am a General Partner of the limited partnership of the same legal effect as if made under path; that I am a General Partner of the limited partnership of the limited partners	STREET ADDRESS					CIT	rv_et.7ID				2.
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