

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000936**

1. Entity Name  
**BELLE RIVE PROJECT PARTNERSHIP, LTD.**



Principal Place of Business  
**% DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410-2758**

Mailing Address  
**% DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410-2758**

2. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt #, etc.  
 City & State  
 Zip Country



03022004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0472743**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DARYL CRAMER & ASSOC., P.A.**  
**3801 PGA BOULEVARD STE. 508**  
**PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000060940	STREET ADDRESS	
NAME	BELLE RIVE GENERAL PARTNER, INC.	CITY - ST - ZIP	
STREET ADDRESS	3801 PGA BOULEVARD STE. 508		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 334102758		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 05/10/04-80043-007 535.00

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:** By: Belle Rive General Partner, Inc. MARCH 13/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE