2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | A93000000936 |
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1. Entity Name
BELLE RIVE PROJECT PARTNERSHIP, LTD.



Principal Place of Business % DARYL CRAMER & ASSOC.. P.A. Mailing Address % DARYL CRAMER & ASSOC., P.A. 3801 PGA BLVD SUITE 508 3801 PGA BLVD SUITE 508

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| Principal Place of Business Address Mailing Address | | | | | T TRANSPORT FINES STRUKE USHIS BOUND SOUTH BOUND SOUTH | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DUE BY MAY 1, 2003 | | | | | | |
| City & State City & State | | | | | 4. FEI Number | 65-0472743 | | | Applied For Not Applicable | | |
| Żip | | Country | Zip | Country | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name | and Address of Current | Registered Agent | | | 7. Name and A | ddress of New R | egistered . | Agent | | |
| DARYL CRAMER & ASSOC., P.A. | | | | | Name Daryl Cramer & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 515 NORT | TH FLAGLE | R DRIVE, #910 | | | | 1 PGA Boule | | , | | | |
| WEST PALM BEACH FL 33401 | | | | | te 508 | | | | | | |
| | | | | | City Pal | alm Beach Gardens FL Zip Code 33410 | | | | | |
| 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 accepted agent. Dary1 B. Cramer, / Less. | | | | | | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered agent a | and title if applicable. | | | | | DATE | | | |
| 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 FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PROPRIES OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATION OF THE PAYABLE SIDE FOR FEE INFOR | | | | | | | | | | | |
| | A NOTE | GENERAL PARTNER T : General Partners MA | THAT IS A BUSINESS ENT Y NOT be changed on th | TTY M e form | UST BE REGIS ; an amendme | STERED AND AC nt must be filed | to change a ge | eneral pai | rtner. | | |
| 12. | | GENERAL PARTNER | RINFORMATION | 13. | • | ADDRESS CHANGES ONLY | | | | | |
| DOCUMENT # NAME | Belle Riv | 13000060940 ELLE RIVE GENERAL PARTNER, INC. 5 NORTH FLAGLER DRIVE, #910 EST PALM BEACH FL 33401 | | | EET ADDRESS 3 | 3801 PGA Boulevard, Suite 508 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | -ST-ZIP P | alm Beach Gardens, FL 33410-2758 | | | | | |
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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

Inc.

CITY-ST-ZIP

STREET ADDRESS

QUIRE Eabrizio Lucchese **SIGNATURE:**

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

905-882-1212

Daytime Phone #