FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOOLIMENT #

98 DEC 18 PM 2: 11

1. Name of Limited Partnership		A9500001603		12/30
BELLWOOD PARTNERS, LT				
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
104 N. MAIN STREET. SUITE 300 GAINESVILLE FL 32601	104 N. MAIN STREET. SUITE 30 GAINESVILLE FL 32601	104 N. MAIN STREET. SUITE 300 GAINESVILLE FL 32601		\$50.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For
City & State	City & State	Country	59-3344823 7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent THOMPSON, C. FREDERICK 104 N. MAIN STREET, SUITE 300 GAINESVILLE FL 32601 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida Statutes, the above-name		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
	e or registered agent, or both, in the State of Flo ations of section 620.192, Florida Statutes.		e was authorized by its general partner(s). I hereby	
A GENERAL PARTNER TH		LIMITED ID ACTIV	PARTNERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner	11b. City, State & Zip Code	11c. Registration/
THOMPSON PROPERTY MANAGEMENT 104 N. MAIN STREET, S			GAINESVILLE FL 32601	P95000080910
•			90002 -01/08 ****1	7350387 /9901090019 41.25 ****141.25
Note: General partners MAY N	OT be changed on this for	m; an ame	endment must be filed to cha	inge a general partner.
12. I do hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as required by	with Section 119.07(3)(k) in the event that the in my signature shall have the same legal diffects as	nformation suppli	exemption stated in Section 119.07(3)(k), Florida St ed is deemed exempt from public access. I further ath. I further certify that I am a General Partner of t	certify that the information indicated on

SIGNATURE

Typed or Printed Name of General Partner Signing Form __

Daytime Telephone Number___352-378-4814