


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

APPROVED
AND
FILED

04 APR 27 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9700000705

1. Entity Name:
BELLEVUE BILTMORE RESORT, LTD.



Principal Place of Business: **25 BELLEVUE BOULEVARD
CLEARWATER FL 33756**

Mailing Address: **C/O 630 W. GERMANTOWN PIKE, SUITE 321
PLYMOUTH MEETING PA 19462**

2. Principal Place of Business: Suite, Apt. #, etc. **Suite 300**

3. Mailing Address: Suite, Apt. #, etc. **Suite 300**

City & State: **City & State**

Zip: **Country** Zip: **Country**



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

688834589826

04/29/04--01005--002 **526.25

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 _____

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

11. **MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000003582	STREET ADDRESS	Suite 300
NAME	BH&RMC, LLC	CITY-ST-ZIP	
STREET ADDRESS	C/O 630 W. GERMANTOWN PIKE, SUITE 321		
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: David J. Blum **David J. Blum** 4-6-04 **410-834-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #