

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A9700002091

1. Entity Name
BETLOCK INVESTMENTS, LTD.



FILED
04 FEB -3 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MMW

Principal Place of Business
1150 TARPON CENTER DRIVE
UNIT 707
VENICE, FL 34285

Mailing Address
1109 ARBOR RUN PL
BRENTWOOD, TN 37027



01272004 Chg-LP CR2E003 (10/03) 2/3

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0785888

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DARNELL, ROBERT W
1820 RINGLING BLVD
SARASOTA, FL 34236

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. **\$977,170.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	BETLOCK, ERVA I	STREET ADDRESS	60 N. NICOLL AVE #238
NAME	95 CARLETON AVE. #121	CITY-ST-ZIP	GLEN ELLYN, IL 601375500
STREET ADDRESS			
CITY-ST-ZIP	GLEN ELLYN, IL 601375500		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Wayle Betlock POA ERVA I. BETLOCK 1/27/04 615-776-1143

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

STAPLE CHECK HERE