

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

DOCUMENT #	A98000000651
1. Entity Name	Belisle Family, Ltd.



FILED

2004 JUL -9 PM 12:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2501 N. Orient Rd, Ste D Tampa, FL 33619	2501 N. Orient Rd, Ste D Tampa, FL 33619

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

4. FEI Number	Applied For
59-3484819	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Belisle, M. R. 2501 N. Orient Rd, Ste D Tampa, FL 33619	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	10. Amount of Capital Contributions in FLORIDA to date.
\$25,000.00	

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 #	NAME	STREET ADDRESS	
STREET ADDRESS	Belco Investment Company Inc.	CITY-ST-ZIP	800039064298
CITY-ST-ZIP	2501 N. Orient Rd., Ste D Tampa, FL 33619		07/13/04--01054--003 **263.75
DOCUMENT #	NAME	STREET ADDRESS	
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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: \_\_\_\_\_ Date: 4-27-04 Dytone Phone #: 813-621-1143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M.R. Belisle

STAPLE CHECK HERE