# 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

# **FILED** May 06, 2006 08:00 AM Secretary of State

DOCUMENT	# A98000000651
# F-12 61	

1. Entity Name BELISLE FAMILY, LTD.



Principal Place of Business

2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619

2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619



 $\Box$ 

#### DO NOT WRITE IN THIS SPACE

04172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3484819

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BELISLE, MR 2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619

### DO NOT WRITE IN THIS SPACE

ð.	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 Signature, typed or purified name of registered agent and title if applicable

FILE NOW!!! FEE **IS** \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

CATE

U00000542212 15/10/06-8008B-025 500.00

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.

1 186-	GENERALI ARTHUR ORGANION	
BOCUMENT#	P97000068681	
NAME	BELCO INVESTMENT COMPANY	
STREET ADDRESS	2501 NORTH ORIENT RD. STE D/% M R BELISLE	
CITY-ST-ZIP	TAMPA, FL 33619	
DOCUMENT #		
NAME		
STREET ADDRESS		
City-St-Zip		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-21P		
DOCUMENT #	•	
NAME		
STREET ADDRESS		
City-St-Zip	·	
DOCUMENT #		
NAME		
STREET ADDRESS		
City-St-Zip		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
14. I hereby cedify that the information symplicid with this filling dogs not explify for		

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 it 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 820, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

813-621-1143