


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000651</b>					
1. Entity Name <b>BELISLE FAMILY, LTD.</b>					
Principal Place of Business <b>2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619</b>			Mailing Address <b>2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3484819</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BELISLE, M R 2501 NORTH ORIENT RD., STE. D TAMPA, FL 33619</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000068881		STREET ADDRESS		
NAME	BELCO INVESTMENT COMPANY		CITY-ST-ZIP	U000000735077	
STREET ADDRESS	2501 NORTH ORIENT RD, STE D/% M R BELISLE			05/10/07-20019-011 500.00	
CITY-ST-ZIP	TAMPA, FL 33619				
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify 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 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: _____			4-24-07 813-621-1143		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>M. R. Belisle</b>			Date Daytime Phone #		

STAPLE CHECK HERE