FILE ON ÖR BEFORE DECEMBER WILL BE SUBJECT TO REVO	31, 1998 OR LIMITED PAR CATION AND \$500 PENALI	TNERSHIP Y FEE							
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 AM 8: 55						
1. Name of Limited Partnership	¹ *A9800001342								
BELCHER I ASSOCIATES, LTD	•								
Mailing Address	Principal Office Address	•- ·· ·	3. Date Formed or Registered	5a. Capital Contributions as					
-		777 SOUTH HARBOUR ISLAND BOULEVARD		Shown on record.					
777 SOUTH HARBOUR ISLAND BOULEVARD SUITE 877 TAMPA FL 33602	SUITE 877 TAMPA FL 33602		05/29/1998 3a. Date of Last Report	\$2,960.00					
			5b. Amount of Capital Contributions in FLORIDA to date:						
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	lo date.					
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For					
	-		7. Certificate of Status Desired	\$8.75 Additional					
Zip Country	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)						
				· · · · · · · · · · · · · · · · · · ·					
9. Name and Address of Current	Registered Agent	Name	10. If changed, new Registered	I Agent/Office					
HARROD, GARY W 777 South Harbour Island Boulevard Suite 877 Tampa FL 33602		Street Address (P.O. Box Number is Not Acceptable) 2000027353521 Suite, Apt. #, etc. -01/08/3301039015 ++++282 ++++141							
					IAMFA FE 33002		City FL		
					10a. Pursuant to the provisions of sections 620, 1051 and for the purpose of changing its registered office or re- agent. 1 am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	agistered agent, or both, in the State of Florid of section 620.192, Florida Statutes.	da. Such change was aut	DATE	y accept the appointment of registered
MUS	T BE REGISTERED AN	D ACTIVE WI	TH THIS OFFICE.	Pealstration					
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo		City, State & Zip Code	TIC. Document Number					
Harrod Prpoerties, Inc.	777 South Harbour ISL		MPA FL 33602	L92337					
			Ś						
•									
•Note: General partners MAY NOT	be changed on this form	n; an amendm	ent must be filed to cha	ange a general partner.					
12. I do hereby certify that the information supplied with th Corporations from any itability of non-compliance with this annual report is true and accurate and that my sig empowared to execute this report proquired by chap	is filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the inf nature shall have the same legal effects as i	qualify for the exemption formation supplied is dee	stated in Section 119.07(3)(k), Florida S med exempt from public access. I furthen her certify that I am a General Partner of	tatutes. I release the Division of certify that the information indicated on the limited partnership, receiver or trustee					
	Van		DATE	12-15-98					
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number						