


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000017</b>			
1. Entity Name <b>BELCREST PROPERTIES, LTD.</b>			
Principal Place of Business <b>1201 SOUTH OCEAN BOULEVARD, SUITE 4 POMPAÑO BEACH FL 33062</b>		Mailing Address <b>1201 SOUTH OCEAN BOULEVARD, SUITE 4 POMPAÑO BEACH FL 33062</b>	
2. Principal Place of Business <b>Suite, Apt. #, etc.</b>		3. Mailing Address <b>Suite, Apt. #, etc.</b>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0886199</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FIRTH, MOLLY 1201 SOUTH OCEAN BOULEVARD, SUITE 4 POMPAÑO BEACH FL 33062</b>		7. Name and Address of New Registered Agent 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>			
9. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<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 #	NAME	STREET ADDRESS	
NAME	<b>FIRTH, MOLLY</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1201 SOUTH OCEAN BOULEVARD, SUITE 4</b>		
CITY - ST - ZIP	<b>POMPAÑO BEACH FL 33062</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>FIRTH, LOUISE</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>1201 SOUTH OCEAN BOULEVARD, SUITE 4</b>		
CITY - ST - ZIP	<b>POMPAÑO BEACH FL 33062</b>		
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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: <b>Molly L Firth</b>		<b>3/23/04</b> <b>954-942-2759</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE