


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A95000000017</b> 1. Entity Name <b>BELCREST PROPERTIES, LTD.</b>	
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FILED

2005 APR 11 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

Principal Place of Business 1201 SOUTH OCEAN BOULEVARD, SUITE 4 POMPANO BEACH FL 33062	Mailing Address <del>1201 SOUTH OCEAN BOULEVARD, SUITE 4</del> <del>POMPANO BEACH FL 33062</del>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 11006</b> Suite, Apt. #, etc.
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City & State <b>FORT LAUDERDALE, FL</b>	4. FEI Number <b>65-0886199</b>
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Zip <b>33339</b>	Country <b>BROWARD</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>FIRTH, MOLLY</b> <b>1201 SOUTH OCEAN BOULEVARD, SUITE 4</b> <b>POMPANO BEACH FL 33062</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code       </div>
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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. <b>\$1,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.

**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 CITY-ST-ZIP <b>FIRTH, MOLLY</b> <b>1201 SOUTH OCEAN BOULEVARD, SUITE 4</b> <b>POMPANO BEACH FL 33062</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>FIRTH, LOUISE</b> <b>1201 SOUTH OCEAN BOULEVARD, SUITE 4</b> <b>POMPANO BEACH FL 33062</b>	STREET ADDRESS CITY-ST-ZIP
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 05/03/05 01019 014 \*\*526.25

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:** Molly L Firth **2/17/05** **954-942-2759**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE