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

FILED Apr 20, 2007 08:00 AM Secretary of State

BELCREST PROPERTIES, LTD.



Principal Place of Business

250-A COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 Mailing Address

PO BOX 11006

FT LAUDERDALE, FL 33339



DO NOT WRITE IN THIS SPACE

04102007 No Chg-LP

CR2E003 (12/06)

4, FEI Number 65-0886199

Applied For Not Applicable

5, Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIRTH, MOLLY 250-A COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable

U00000719732 95/01/07-800.7. -002 -500 - 60

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

GENERAL PARTNER INFORMATION DOCUMENT # NAME FIRTH MOLLY STREET ADDRESS 250-A COMMERCIAL BLVD CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 DOCUMENT # FIRTH, LOUISE STREET ADDRESS 250-A COMMERCIAL BLVD CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 DOCUMENT# NAME

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME

STREET ADDRESS CiTY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(954) 491-6670