


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # A99000000030			
1. Entity Name BEATRICE, LTD.			
Principal Place of Business 714 APOLLO BEACH BOULEVARD APOLLO BEACH FL 33572		Mailing Address 714 APOLLO BEACH BOULEVARD APOLLO BEACH FL 33572	
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 59-3565946		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, MARLENE 714 APOLLO BEACH BOULEVARD APOLLO BEACH FL 33572		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 date if applicable</small>			
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900.*** Make check payable to Florida Department of State.			
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	HALL, SR., RICHARD W TRUSTEE 714 APOLLO BEACH BOULEVARD APOLLO BEACH FL 33572	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HALL, MARLENE C TRUSTEE 714 APOLLO BEACH BOULEVARD APOLLO BEACH FL 33572	STREET ADDRESS CITY - ST - ZIP	000000846824 03/18/08-80045-006 500.00
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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 62C, Florida Statutes

SIGNATURE: *Marlene C. Hall* **MARLENE C. HALL** 2/29/08 (813) 645-6985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE