

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90232 025 \*\*\*158.75

**DOCUMENT # P93000060940**

1. Entity Name  
**BELLE RIVE GENERAL PARTNER, INC.**



Principal Place of Business  
**DARYL CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410**

Mailing Address  
**DARYL CRAMER AND ASSOC., P.A.**  
**3801 PGA BLVD SUITE 508**  
**PALM BEACH GARDENS, FL 33410**

**14008401**



2. Principal Place of Business  
**c/o Harris Cramer LLP**

3. Mailing Address  
**c/o Harris Cramer LLP**  
**1555 Palm Beach Lakes Blvd.**

Suite, Apt. #, etc.  
**1555 Palm Beach Lakes Blvd., Ste. 310**

Suite, Apt. #, etc.  
**Suite 310**

03092005 Chg-P CR2E034 (10/03)

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**65-0472742**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DARYL CRAMER AND ASSOC., P.A.**  
**3801 PGA BOULEVARD**  
**SUITE 508**  
**PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**Harris Cramer LLP**  
Street Address (P.O. Box Number is Not Acceptable)  
**1555 Palm Beach Lakes Blvd.**  
**Suite 310**  
City  
**West Palm Beach** **FL** Zip Code  
**33401**

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.

**Harris Cramer LLP by Daryl Cramer & Associates, P.A.'s Partner**  
**by Daryl B. Cramer, President**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**MYERS, WILLIAM P**  
**105 WEST BEAVER CREEK, UNITS 9&10**  
**RICHMOND HILL, ONTARIO, CA 14b 1c6** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**LUCCHESI, FABRIZIO**  
**105 WEST BEAVER CREEK, UNITS 9&10**  
**RICHMOND HILL, ONTARIO, CA 14b 1c6** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 15 2005**

**905-882-1212**

Date

Daytime Phone #