

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A19693

1. Entity Name
BENNETT BEACH COMPANY, LTD.



Principal Place of Business
9554 BENCHMARK LANE
CINCINNATI, OH 45242

Mailing Address
9554 BENCHMARK LANE
CINCINNATI, OH 45242



04192006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
31-1098230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, ROBERT CRAIG
5200 GULF BLVD.
ST. PETERSBURG BEACH, FL 33706

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME MILLER, JEFFREY L
STREET ADDRESS 1765 WEDGEWOOD COMMON
CITY-ST-ZIP CONCORD, MA 01742

DOCUMENT #
NAME MILLER, KATHRYN M
STREET ADDRESS 16301 N. 108 WAY
CITY-ST-ZIP SCOTTSDALE, AZ 85259

DOCUMENT #
NAME MILLER, ROBERT CRAIG
STREET ADDRESS 9554 BENCHMARK LANE
CITY-ST-ZIP CINCINNATI, OH

DOCUMENT #
NAME MILLER, STEVEN D
STREET ADDRESS 9354 ESCONDIDO DR.
CITY-ST-ZIP WILLIS, TX 77378

DOCUMENT #
NAME MILLER, TIMOTHY
STREET ADDRESS 814 SPRUCE ST.
CITY-ST-ZIP BOULDER, CO 80302

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000531938
05/06/06-80062-021 500.00

DO NOT WRITE
IN THIS SPACE

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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE