


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 7, 2005**

DOCUMENT # A9900001875
1. Entity Name
BEHN PROPERTIES, LTD.



FILED
2005 SEP 20 PM 12:16
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **3608 WILDER LANE ORLANDO FL 32804**
Mailing Address: **3608 WILDER LANE ORLANDO FL 32804**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

2nd MOORE CR2E003 (5/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-3644342**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BEHN, JEROME G
3608 WILDER LANE
ORLANDO FL 32804**

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

11. FILE NOW!!! Due by September 7, 2005!
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee.

**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 #	L99000007718
NAME	BEHN, LLC
STREET ADDRESS	3608 WILDER LANE
CITY-ST-ZIP	ORLANDO FL 32804
DOCUMENT #	
NAME	
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700059826437
CITY-ST-ZIP	09/21/05--01039--015 **150.00
STREET ADDRESS	700059826437
CITY-ST-ZIP	09/21/05--01039--016 **150.00
STREET ADDRESS	700059826437
CITY-ST-ZIP	09/21/05--01039--017 **226.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *J Behn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date: *8/21/05* Daytime Phone #: *407 595-8806*