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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Mar 24, 2008 08:00 Al Secretary of State DOCUMENT # A0000002042 1. Entity Name THE BENSON DANIS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 8295 WEST 20TH AVENUE HIALEAH FL 33014 P.O. BOX 4788 HIALEAH FL 33014 2. Principal Place of Business - No. P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/07) City & State City & State Applied For 4. FEi Number 65-1062563 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERMAN, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 8751 WEST BROWARD BLVD SUITE 109 PLANTATION FL 33324 City 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, typed or printed name of registered rigent and intelligent applicable DATE 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS NAME BENSON, SAM STREET ADDRESS 8295 WEST 20TH AVENUE CITY-ST-ZIP City-St-ZiP HIALEAH FL 33014 DOCUMENT # STREET ADDRESS MEASE DANIS, STEPHEN <u> HODOOCEE</u>199 STREET ADDRESS 8295 WEST 20TH AVENUE CITY-\$1-ZIP CITY-ST-ZIP HIALEAH FL 33014 DOCUMENT # STREET ADDRESS HAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET AUDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

305-822-6981