2005 LIMITED PARTNERSHIP ANNILAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS . Due By May 1, 2005 ` **DOCUMENT # A02000000975** 05 JUN - 1 AM 9: 17 1. Entity Name BENŹ HOLDINGS, LIMITED Principal Place of Business Mailing Address 10 COMMERCE ROAD 10 COMMERCE ROAD DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 14-1857287 Not Applicable Zip Country Zip 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 BENZ, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 10 COMMERCE ROAD DESTIN, FL 32541 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 Synature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$25,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P02000076216 DOCUMENT # STREET ADDRESS NAME AZALEA MANAGEMENT, INC. STREET ADDRESS 10 COMMERCE ROAD, SUITE A CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 200056394462 06/21/05--01045--013 **263,75 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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