

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000975

1. Entity Name
 BENZ HOLDINGS, LIMITED



Principal Place of Business
 1209 AIRPORT ROAD
 SUITE 6
 DESTIN, FL 32541

Mailing Address
 1209 AIRPORT ROAD
 SUITE 6
 DESTIN, FL 32541

2. Principal Place of Business - No P.O. Box #
 1150 Airport Road
 Suite, Apt. #, etc.
 135

3. Mailing Address
 1150 Airport Road
 Suite, Apt. #, etc.
 135

City & State
 Destin, FL

City & State
 Destin, FL

Zip
 32541

Country

Zip
 32541

Country

04262007

Chg-LP

CR2E003 (12/06)

4. FEI Number
 14-1857287

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BENZ, MICHAEL T
 1209 AIRPORT ROAD
 SUITE 6
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1150 Airport Road, #135

City
 Destin

FL

Zip Code
 32541

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

Michael T. Benz

4/26/07

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # P02000076216
 NAME AZALEA MANAGEMENT, INC.
 STREET ADDRESS 1209 AIRPORT ROAD, SUITE 6
 CITY-ST-ZIP DESTIN, FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1150 Airport Road, #135
 CITY-ST-ZIP Destin, FL 32541

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

400102534054
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DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS
 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. 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:

Michael T. Benz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07 850.6505454

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

2007 MAY 10 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

