


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #** X02000001636  
1. Entity Name  
**BENTWOOD 2003 LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
804 BENTWOOD DR      804 BENTWOOD DR  
NAPLES FL 34108      NAPLES FL 34108



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E003 (10/05)  
4. FEI Number      Applied For  
**81-0582643**      Not Applicable

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**SCHRYVER, LINDA**  
**804 BENTWOOD DR**  
**NAPLES FL 34108**

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 Linda Schryver      DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SCHRYVER, KENNEY TRUSTEE	STREET ADDRESS	
NAME	804 BENTWOOD DR	CITY-ST-ZIP	
STREET ADDRESS	NAPLES FL 34108		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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04/18/06-80063-005 500.00

STAPLE CHECK HERE

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: Linda Schryver, Trustee      LINDA Schryver      3/28/06      239-566-8651