## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0500001406				FILED					
THE BENTLEY AT COBB'S LANDING INVESTORS, LTD.						1 8	L		
				The state of the s		08 APR 2	I PM 3	÷ 53	
Principal Place of Business Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 101 EAST KENNEDY BOULEVARD.			ULEVAR	D, SUITE 3300		SECRETAI TALLAHAS	RY OF S	TATE	
TAMPA, FL 3	TAMPA, FL 33602 TAMPA, FL 33602								
2. Principal Pl	Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		1	2721 24111 00111 02111 00				
			City & State		01212008 4. FEI Numbe	Chg-LP	CRZEOU	3 (12/06) Applied For	
City & State					APPLIE	FOR	·-	Not Applicable	
Zíp	Country	Zip	Coun	try	<u> </u>	of Status Desired	F	8.75 Additional_ ee Required	
	6. Name and Address of Current Registered Agent  MCDONOUGH, BRIAN J 2200 MUSEUM TOWER				7. Name and Address of New Registered Agent Name				
					Street Address (P.O. Box Number is Not Acceptable)				
150 WEST	150 WEST FLAGLER STREET MIAMI, FL 33130								
(All) (IAII)				City	FL Zip Code				
8. The above	named entity submits this statement fi	or the purpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of F	lorida. I am fa	amiliar with, and accept	
SIGNATURE :	ions or registered agent.				04/18	/080100	<u> </u>	**500.00	
SIGNATURE	Signature, typed or printed name of registered agen				· <del>-</del>		DATE		
	After May 1,	Will FEE IS \$500.00 2008, Fee will be \$900							
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS EN AY NOT be changed on t	he form	UST BE REGIS n; an amendme	TERED AND Ant must be file	CTIVE WITH T d to change a (	HIS OFFICE general part	iner.	
12.	DOCUMENT 4 1.05000060218					ADDRESS CH	ANGES ONL	Y	
NAME	THE BENTLEY AT COBB'S LANDING PARTNERS LLC  101 EAST KENNEDY BOULEVARD, SUITE 3300		STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33602	ARD, SUITE 3300	CITY	'- ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			CETY	r-ST-ZIP	•	<u>.</u>			
indicated	certify that the information supplied will not his report is true and accurate an ceiver or trustee empowered to execut	d that my signature shall have	the sam	e legal effect as if	made under oath	9, Florida Statutes i; that I am a Gen	s. I further cer eral Partner of	tify that the information the limited partnership	
SIGNAT	TURE: SATBORD	1			04-0	80-80	(813)	318-9444	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone &								