

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 18 PM 12:10



DOCUMENT # A07000000625

1. Entity Name
 BENTWOOD PLACE LIMITED PARTNERSHIP

Principal Place of Business
 C/O BRODERICK & ASSOCIATES
 5514 PARK BOULEVARD
 PINELLAS PARK, FL 33781

Mailing Address
 C/O BRODERICK & ASSOCIATES
 5514 PARK BOULEVARD
 PINELLAS PARK, FL 33781



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01042008 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-8922062

Applied For

Not Applicable

Zip

Country

Zip

Country

5- Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODERICK, ROGER
 5514 PARK BOULEVARD
 PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # L07000044062
 NAME BENTWOOD PLACE MANAGEMENT, LLC
 STREET ADDRESS 5514 PARK BOULEVARD
 CITY- ST- ZIP PINELLAS PARK, FL 33781

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

600120723716
 03/13/08-01021-012 **500.00

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/08

Date

727-544-1403

Daytime Phone #

STAPLE CHECK HERE