

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000179

1. Entity Name  
BENSON ENTERPRISES, LIMITED



Principal Place of Business  
153 SEVILLA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
P.O. BOX 140668  
CORAL GABLES FL 33114-0668  
US

FILED

2003 FEB 26 PM 4:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

151 Sevilla Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

Coral Gables, FL

City & State

Zip

33134

Country

\*USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-1141858

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MJF REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES FL 33134

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

9. Capital Contributions  
as Shown on record.

\$20,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F93000000864  
NAME BENSON ENTERPRISES LTD. COMPANY  
STREET ADDRESS 4 COLUMBUS CENTER, WICKHAMS CAY, ROAD TOWN  
CITY-ST-ZIP TORTOLA, BRITISH VIRGIN ISL.

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000013101190  
02/26/03--01014--006 \*\*\*237.50

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

SIGNATURE:

*Signature of G.P.* 2/13/03 305 442 5672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
MICHAEL A. FREEMAN DIRECTOR

Date

Daytime Phone #

CR2E003 (10/02)

Law Offices  
**MICHAEL J. FREEMAN, P.A.**  
153 Sevilla Avenue  
Coral Gables, Florida 33134-6088

Reply to:  
P.O. Box 140668  
Coral Gables, Florida 33114-0668

Tel: (305) 442-1567  
Fax: (305) 442-1227

February 13, 2003

FILED  
2003 FEB 26 PM 4:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Secretary of State  
Division of Corporations  
Annual Report Section  
P.O. Box #1500  
Tallahassee, Florida 32302-1500

Re: **BENSON ENTERPRISES LIMITED**  
Document #A93000000179

Gentlemen:

Enclosed for filing, please find the following documents for this corporation:

1. Executed 2003 Uniform Business Report;
2. Check # 1348 in the amount of \$237.50 representing the filing fee in the amount of \$228.75 and \$8.75 fee for a Certificate of Status.

Please send the Certificate of Status to me at the address above.

Thank you for your courtesies in this matter.

Very truly yours,



MICHAEL J. FREEMAN

MJF:lc  
enc.