


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A94000001815	
1. Entity Name BENAIM FAMILY LIMITED PARTNERSHIP	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -9 AM 9:40

Principal Place of Business 7340 S.W. 56TH STREET MIAMI, FL 33156	Mailing Address C/O MONROE N. BENAIM P.O. BOX 3719 TEQUESTA, FL 33469
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0547319


Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BENAIM, MONROE N 535 E. INDIANTOWN RD. JUPITER, FL 33477
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
956 Pompano Dr
City Jupiter FL Zip Code 33458

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  DATE 3/7/05

9. Capital Contributions as Shown on record. \$1,019,841.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P94000051284	STREET ADDRESS	
NAME	BENAIM, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	7340 S.W. 56TH STREET		
CITY-ST-ZIP	MIAMI, FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE 3/7/05 561 743-4629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE