

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001107**

1. Entity Name  
**BENDER OIL, LTD.**



Principal Place of Business

**301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON, FL 33432**

Mailing Address

**301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**65-0594282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MACHEN, JIM D  
301 WEST CAMINO GARDENS BLVD., STE. 101  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, 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 #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**DIXON BENDER, FAYE  
301 W. CAMINO GARDENS BLVD., #301  
BOCA RATON, FL 33432**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**BENDER, STEPHEN P  
301 W. CAMINO GARDENS BLVD., #301  
BOCA RATON, FL 33432**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MACHEN, JIM D  
301 W. CAMINO GARDENS BLVD., #301  
BOCA RATON, FL 33432**

DOCUMENT #  
NAME  
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CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000593855  
01/22/07-80049-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JIM D. MACHEN**

**1/16/07**

Date

**561-391-8442**

Daytime Phone #