



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 FEB 19 PM 12:55

<b>DOCUMENT # A95000001107</b> 1. Entity Name BENDER OIL, LTD.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

01182008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0594282	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent  MACHEN, JIM D 301 WEST CAMINO GARDENS BLVD., STE. 101 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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		13. ADDRESS CHANGES ONLY	
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	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

02/19/08--01030--013 \*\*525.00

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: JIM D. MACHEN 2/13/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE