2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700001359 1. Entity Name										S	
THE P. BENTON LIMITED PARTNERSHIP #1							FILED		7	7	
Principal Place of Business Mailing Address							01 JAN 18 PM 12: 27				
P.O. BOX 158 BOCA GRAND	9. 4025 SHOR		Mailing Address P.O. BOX 1589, 4025 SHORE LANE BOCA GRANDE FL 33921			SECRETARY OF STATE TALLAHASSEE, FLORIDA				1011	
					· · · · · · · · · · · · · · · · · · ·						
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State			4. FEI Numbe	31-1550932		Applied F		
Zip Country		Zip	Cou	Country		of Status Desired		3.75 Additional Required			
<u> </u>	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
BENTON, PHILIP E JR.					Street Address (P.O. Box Number is Not Acceptable)						
4025 SHORE LANE BOCA GRANDE FL 33921					The state of the section of the state of the						
					City	FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its req											
SIGNATURE .											
9. Capital Co		or printed name of registered agent			ed Agent signature require		11. MAKE CHECK P	DATE PAYABLE TO	DEPT. OF STAT	<u>-</u>	
as Shown	on record.	\$2,500,000.00 GENERAL PARTNER	IN FLOF	RIDA to date.	ibutions 2,590,	TERED AND A	SEE REVERSE	SIDE FOR F	EE INFORMATIO		
12.		General Partners MA	AY NOT be change		n; an amendme			ral partne	ır.		
DOCUMENT#			TO THE OTHER PORT		EET ADDRESS		ADDRESS CHARG	JES OINEI			
NAME BENTON, PHILLIP É JR. STREET ADDRESS P.O. BOX 1589, 4025 SHORE LANE			IE CITY		Y-ST-ZIP	2000035751526					
DOCUMENT #	BOCA GRA	INDE FL 33921					-017 <i>2</i> 579 ****5 <mark>2</mark> 1		υσ <u>∠</u> υυο ****526. ;	G G G G G G G G G G G G G G G G G G G	
NAME STREET ADDRESS	BENTON, N	Mary ann 1589, 4025 Shore La	ANE	STR	EET ADORESS				i	°	
CITY-ST-ZIP	BOCA GRA	NDE FL 33921		CITY	Y-ST-ZIP						
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14. I hereby of indicated the receiv	certify that the on this repor ver or trustee	information supplied with t is true and accurate and empowered to execute the	n this filing does not of that my signature sh is report as required	qualify for the exe all have the sam by Chapter 620,	e legal effect as if i	made under oath: :	, Florida Statutes. I fur that I am a General Pa	irtner of the	limited partners	ion hip or	
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNI	NG GENERAL PARTNE	Philip	EBE	NTPRY TIC	- 96 Daytim	94-273 le Phone #	37	