

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A97000001359

1. Entity Name

THE P. BENTON LIMITED PARTNERSHIP #1



Principal Place of Business

P.O. BOX 1990, 4025 SHORE LANE
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 1990
BOCA GRANDE FL 33921-1990

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1990
BOCA GRANDE FL 33921

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA GRANDE, FL

Zip

Country

Zip

Country

33921

USA

4. FEI Number

31-1550932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

MOORE

CR2E003 (11/03)



FILED

04 FEB -2 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENTON, PHILIP E JR.
4025 SHORE LANE
BOCA GRANDE FL 33921

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

1/26/04

9. Capital Contributions
as Shown on record.

\$2,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

BENTON, PHILLIP E JR.

STREET ADDRESS

P.O. BOX 1990

CITY-ST-ZIP

BOCA GRANDE FL 33921-1990

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

BENTON, MARY ANN

STREET ADDRESS

P. O. BOX 1990

CITY-ST-ZIP

BOCA GRANDE FL 33921-1990

STREET ADDRESS

CITY-ST-ZIP

300028011393
02/02/04--01054--011 **526.25

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STREET ADDRESS

CITY-ST-ZIP

M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE