


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



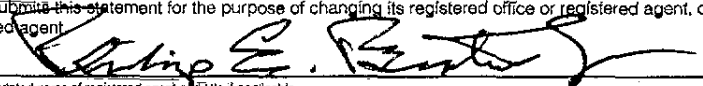
01072005 Chg-LP CR2E003 (10/03)

4. FEI Number 31-1550932	Applied For 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 BENTON, PHILIP E JR. 4025 SHORE LANE BOCA GRANDE, FL 33921

7. Name and Address of New Registered Agent	
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 	DATE 1/11/05

9. Capital Contributions as Shown on record \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,500,000.00
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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 #	BENTON, PHILLIP E JR.	STREET ADDRESS	
NAME	P.O. BOX 1990	CITY-ST-ZIP	
STREET ADDRESS	BOCA GRANDE, FL 339211990		
CITY-ST-ZIP			
DOCUMENT #	BENTON, MARY ANN	STREET ADDRESS	11000010185335
NAME	P. O. BOX 1990	CITY-ST-ZIP	01/21/05-80011-019 526.25
STREET ADDRESS	BOCA GRANDE, FL 339211990		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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 1/11/05	DAYTIME PHONE # 941-964-2736
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STAPLE CHECK HERE