

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:48

**DOCUMENT # A98000000105**

1. Entity Name  
 DENBESTEN & BOKHOVEN, LTD.



Principal Place of Business  
 4559 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32811

Mailing Address  
 P.O. BOX 555367  
 ORLANDO, FL 32855-5367

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 4559 OLD WINTER GARDEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 ORLANDO, FL

Zip

Country

Zip  
 32811-1735

Country  
 ORANGE

05272008

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-1473393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENBESTEN, MERLE  
 4559 OLD WINTER GARDEN ROAD  
 ORLANDO, FL 32811

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

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # P97000102864  
 NAME DENBOK, INC.  
 STREET ADDRESS 4559 OLD WINTER GARDEN ROAD  
 CITY-ST-ZIP ORLANDO, FL 32811

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

*Merle DenBesten* Merle DenBesten

5/27/08 407 295-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE