

**LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000016**

1. Entity Name

BENTLEY PARK ASSOCIATES, LTD.



Principal Place of Business

Mailing Address

359 CAROLINA AVENUE  
WINTER PARK FL 32789

359 CAROLINA AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3548614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1ST MOORE

CR2E003 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, GRANT T  
222 WEST COMSTOCK AVE., SUITE 101  
WINTER PARK FL 32789

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

**11. FILE NOW!!! Due by May 1, 2005.**

See Block 11 instructions for fee info.

9. Capital Contributions  
as Shown on record.

\$25,775,102.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # P99000000885  
NAME EPI-BENTLEY PARK, INC.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/19/05