. 2006 LIMITED PARTNERSHIP ANNUAL REPORT

Mar 03, 2006 08:00 AM Due By May 1, 2006 Secretary of State DOCUMENT # A99000000016 BENTLEY PARK ASSOCIATES, LTD. Principal Place of Business Mailing Address 359 CAROLINA AVENUE 359 CAROLINA AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 01032006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3548614 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOWNING, GRANT T DO NOT WRITE 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK, FL 32789 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P99000000885 **DOCUMENT #** NAME EPI-BENTLEY PARK, INC. STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # 855A:24000001 NAME 03/15/06-90007-012 500**.00** STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CATY-ST-ZIP DOCUMENT # NAME 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 it 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SI

Daytime Phone #

FILED