


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000556**  
1. Entity Name  
**BENSTOCK-SUPERIOR LTD.**



Principal Place of Business      Mailing Address  
**10055 SEMINOLE BOULEVARD  
SEMINOLE FL 33772**      **10055 SEMINOLE BOULEVARD  
SEMINOLE FL 33772**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
**BENSTOCK, GERALD M  
10055 SEMINOLE BOULEVARD  
SEMINOLE FL 33772**

4. FEI Number **59-3568117**      Applied For Not Applied  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required



1st MOORE      CR2E003 (10/05)

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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.**

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	BENSTOCK, GERALD M TRUSTEE	STREET ADDRESS	
NAME	10055 SEMINOLE BOULEVARD	CITY-ST-ZIP	
STREET ADDRESS	SEMINOLE FL 33772		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000471466
NAME		CITY-ST-ZIP	03/28/06-80055-014 500.00
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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 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:**  **Partner**      3/15/06      (727) 397 9611