


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Apr 18, 2008 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 - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.	State, Apt. # etc.	City & State	City & State
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

6. Name and Address of Current Registered Agent

**BENSTOCK, GERALD M
10055 SEMINOLE BOULEVARD
SEMINOLE FL 33772**

4. FEI Number Applied For
59-3568117 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 date of application

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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.**

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			
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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: *[Signature]* Partner 4/16/08 (727) 397 9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE