

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



02222006 Chg-LP CR2E003 (11/05)

4. FEI Number **10-053798** Applied For ☒ Not Applicable

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

DOCUMENT # B05000000401			
1. Entity Name BENTLEY FAMILY INVESTMENT LIMITED PARTNERSHIP			
Principal Place of Business 1209 ORANGE STREET WILMINGTON, DE 19801		Mailing Address 10603 BOCA WOODS LANE BOCA RATON, FL 33428	
2. Principal Place of Business 10603 Boca Woods LN		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State	
Zip 33428	Country FLORIDA	Zip	Country
6. Name and Address of Current Registered Agent BENTLEY, MAXWELL 10603 BOCA WOODS LANE BOCA RATON, FL 33428			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
State 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 Maxwell Bentley DATE			

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

APR 15, 2006

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 #	BENTLEY, MAXWELL	STREET ADDRESS	
NAME	10603 BOCA WOODS LANE	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON, FL 33428		
CITY-ST-ZIP			
DOCUMENT #	BENTLEY, ENID	STREET ADDRESS	
NAME	10603 BOCA WOODS LANE	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON, FL 33428		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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05/22/06--01027--008 **500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/06 **561 477-1218**