LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

LF

FILED

02 APR 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27682

1. Entity Name

Benchmark St. Andrews Towers Associates Limited

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	4053 Maple Road	Suite, Apt. #, etc.	4053 Maple Road
City & State	Amherst, NY	City & State	Amherst, NY
Zip	14226	Zip	14226
Country		Country	

DUE BY MAY 1st

4. FEI Number 16-1341745 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

SIGNATURE _____ DATE

Signature required from a limited partner authorized to execute certificates.

9. Capital Contributions as Shown on record: $4,175,000.00

10. Amount of Capital Contributions in FLORIDA to date: $4,175,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	P21488	STREET ADDRESS	
NAME	Benchmark Florida Properties, Inc.	CITY-ST-ZIP	900005481189--9
STREET ADDRESS	4053 Maple Road		-05/07/02--01053--027
CITY-ST-ZIP	Amherst, NY 14226		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	IN THIS SPACE
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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.

Steven Longo
Vice President

SIGNATURE: Steven Longo 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date