

# 2000 UNIFORM BUSINESS REPORT (UBR)

00169856 AI

**DOCUMENT # B96000000488**  
 1. Entity Name  
**BENCHMARK CYPRESS COVE ASSOCIATES LIMITED PARTNE**

**FILED**  
**00 MAY -2 PM 4: 20**

Principal Place of Business      Mailing Address  
**1209 ORANGE STREET**      **4053 MAPLE ROAD**  
**WILMINGTON DE 19801**      **AMHERST NY 14226-1058**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**4053 Maple Road**

City & State  
**Amherst, NY**

4. FEI Number      Applied For  
**16-1513455**      Not Applicable

Zip      Country      Zip      Country  
**14226**

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      **\$300.00**      10. Amount of Capital Contributions in FLORIDA to date.      **\$300.00**      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 #	<b>F96000006663</b>
NAME	<b>BENCHMARK JACKSONVILLE PROPERTIES, INC.</b>
STREET ADDRESS	<b>4053 MAPLE ROAD</b>
CITY - ST - ZIP	<b>AMHERST NY 14226</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>100003287181--5</b>
CITY - ST - ZIP	<b>-06/13/00--01066--004</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE: *Jeffrey Birtch*      **Jeffrey Birtch**      **425100**      **(716) 833-4986**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)