

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

LF

FILED

02 APR 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *B99000000265*

1. Entity Name

Benchmark Greens @ Viera Associates, L.P.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt., #, etc.

4053 Maple Road

Suite, Apt., #, etc.

4053 Maple Road

City & State

Amherst, NY

City & State

Amherst, NY

Zip

14226

Country

Zip

14226

Country

4. FEI Number

38-3366031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed (do not require separate filing) (if applicable)

DATE

9. Capital Contributions

as Shown on record, *\$1,675,000.00*

10. Amount of Capital Contributions

in FLORIDA to date, *\$1,675,000.00*

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 #	<i>F99000003473</i>	STREET ADDRESS	
NAME	<i>Benchmark Viera Properties, Inc.</i>	CITY-ST-ZIP	<i>900005481199--8</i>
STREET ADDRESS	<i>4053 Maple Road</i>		<i>05/07/02--01053--031</i>
CITY-ST-ZIP	<i>Amherst, NY 14226</i>		<i>****526.25 ****526.25</i>
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CITY-ST-ZIP			

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have been 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 889, Florida Statutes.

SIGNATURE: *Steven J. Longo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven J. Longo
Vice President

4/24/02

Date

Signature (Printed)

CR2E003B (12/01)

STAPLE CHECK HERE