2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

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FILED

Jul 10, 2006 8:00 am Secretary of State

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BENCHMARK DAVIE-WALKER WOODS LLC

Principal Place of Business Mailing Address 20048039 4053 MAPLE ROAD 4053 MAPLE ROAD AMHERST, NY 14226 AMHERST, NY 14226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E083 (11/05) Cha-LLC Applied For City & State City & State 4. FEI Number <u>65-0763159</u> Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HRAWG CORP Street Address (P.O. Box Number is Not Acceptable) 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change ☐ Addition BENCHMARK PROPERTIES MANAGEMENT CORP. NAME NAME STREET ADDRESS 4053 MAPLE ROAD STREET ADDRESS AMHERST, NY 14226 CITY-ST-7IP Defete TITLE Change ☐ Addition STREET ADORESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. 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 eath; that 1 am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9.

TITLE

Steven J. Longo Vice President