

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000631**

1. Entity Name  
**BENCHMARK PROPERTY MANAGEMENT OF GEORGIA, L.L.C.**

FILED

00 JAN 14 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
522 E. JEFFERSON ST.  
TALLAHASSEE FL 32301

Mailing Address  
522 E. JEFFERSON ST.  
TALLAHASSEE FL 32301-2537



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>58-2424862</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |

|   |  |  |  |  |  |           |          |
|---|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent                     |  |  | 7. Name and Address of New Registered Agent        |  |  |           |          |
| <b>SAULS, JAMES</b><br>522 E. JEFFERSON ST.<br>TALLAHASSEE FL 32301 |  |  | Name   |  |  |           |          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |           |          |
|   |  |  | City   |  |  | <b>FL</b> | 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MEMBERS |                               |                                 | 10. ADDITIONS/CHANGES |  |   |
|-----------------------------|-------------------------------|---------------------------------|-----------------------|--|---|
| TITLE                       | MGRM                          | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        | SAULS, JAMES                  |                                 | NAME                  |  |   |
| STREET ADDRESS              | 522 E. JEFFERSON ST.          |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 | TALLAHASSEE FL 32301          |                                 | CITY-ST-ZIP           |  |   |
| TITLE                       | MGRM                          | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        | ROSSITER, JANICE              |                                 | NAME                  |  |   |
| STREET ADDRESS              | 340 EISENHOWER DR., SUITE 300 |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 | SAVANNAH GA 31406             |                                 | CITY-ST-ZIP           |  |   |
| TITLE                       | MGRM                          | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        | KISTLER, MIKE                 |                                 | NAME                  |  |   |
| STREET ADDRESS              | 340 EISENHOWER DR., SUITE 300 |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 | SAVANNAH GA 31406             |                                 | CITY-ST-ZIP           |  |   |
| TITLE                       |                               | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                               |                                 | NAME                  |  |   |
| STREET ADDRESS              |                               |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 |                               |                                 | CITY-ST-ZIP           |  |   |
| TITLE                       |                               | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                               |                                 | NAME                  |  |   |
| STREET ADDRESS              |                               |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 |                               |                                 | CITY-ST-ZIP           |  |   |
| TITLE                       |                               | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                        |                               |                                 | NAME                  |  |   |
| STREET ADDRESS              |                               |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                 |                               |                                 | CITY-ST-ZIP           |  |   |

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 \*\*\*\*\*50.00  ~~50.00~~ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James Sauls, Managing Member

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: **1-13-00** Daytime Phone #: **850-224-627**