

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L93000000265

1. Entity Name

BENCHMARK ENTERTAINMENT L.C.



Principal Place of Business

51 HYPOLUXO RD.
HYPOLUXO F; 33462

Mailing Address

51 HYPOLUXO RD.
HYPOLUXO F; 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-0433495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRESS, ALEXANDER F
51 HYPOLUXO RD.
HYPOLUXO FL 33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
KRESS, ALEXANDER F
8610 S.E. HARBOUR ISLAND WAY
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
UN00000128784
04/26/04-80049-024 50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
HALLIBURTON, RONALD D
951 FERN DRIVE
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
JDJR, INC.
51 HYPOLUXO RD.
HYPOLUXO F; 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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.

SIGNATURE:

Alexander F Kress
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.19.04 561-588-5200
Date Daytime Phone #