

1. Name of Limited Partnership

BENCHMARK UNIVERSITY SQUARE ASSOCIATES LIMITED
PARTNERSHIP

4533330



Mailing Address

4053 MAPLE ROAD
AMHERST NY 14226
12/30/1991

Principal Office Address

4053 MAPLE ROAD
AMHERST NY 14226

3. Date of formation or registration

08/17/1992

4. Capital contributions as shown on record

\$300.00

3a. Date of Last Report

5b. Amount of Capital Contributions in cash or kind to date:

300

4. State or Country of Formation

DE

6. FEI Number

59-3134332

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

9. Name

C T CORPORATION
1200 SOUTH PINE ISLAND
PLANTATION FL 3332

10a. Pursuant to the provisions of the Florida Statutes, I am familiar with the provisions of the Florida Statutes relating to the appointment of a registered agent.

SIGNATURE (Registered Agent)

A GENERAL P

11. Name(s) of General Partner(s)

BENCHMARK TAMP.

Note: General Partner

12. I do hereby certify that the information supplied in this annual report is true and correct to the best of my knowledge and belief, and I am empowered to execute this certificate.

SIGNATURE

Typed or Printed Name of General Partner

I, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement to the Department of State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent.

DATE

STATEMENT OF LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
FILED AND ACTIVE WITH THIS OFFICE.

11b. City, State & Zip Code

AMHERST NY

11c. Registration/Document Number

P40054

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This form, an amendment must be filed to change a general partner.

I do and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for the information supplied in this statement. I further certify that the information indicated on this statement is true and correct to the best of my knowledge and belief, and I am empowered to execute this certificate.

by Birch
President

DATE 11-15-98

Daytime Telephone Number 716-833-4980

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