LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33336

1. Entity Name

Benchmark University Space Associates, L.P.

DO NOT WRITE IN THIS SPACE

FILED LF

02 APR 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
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

DUE BY MAY 1

4. FEI Number 59-3134332 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code 33324

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 ______________________ DATE

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

9. Capital Contributions as Shown on record. $300.00

10. Amount of Capital Contributions in FLORIDA to date. $300.00

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 #	P40054	STREET ADDRESS	
NAME	Benchmark Tampa Prop, Inc.		
STREET ADDRESS	4053 Maple Road	CITY-ST-ZIP	
CITY-ST-ZIP	Amherst, NY 14226		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Steven J. Longo
Vice President

SIGNATURE: Steven J. Longo 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #