## **2001 UNIFORM BUSINESS REPORT (UBR)**

200	1 UNIFO	ORM BUSI	NESS REPO	RT	(UBR)		APPR Al				
	MENT#	A97000	0000821				FIL				
1. Entity Name BENCHMARK HUNTINGTON AT SUNDANCE ASSOCIATES L.P.					y.	01 APR 24 AM 9: 20					
						SECRETARY OF STATE					
Principal Place of Business Mailing Address							FALLAHASS	EE, FUUI	(IUA)	r P	
4053 MAPLE ROAD 4053 MAPLE ROAD AMHERST NY 14226 AMHERST NY 14226											
2. Principal Place of Business 3. Mailing Address								<b>68</b> 0)  <b>88</b> 0)  <b>88</b> 0)	1000	8910 19001 (1001 1001)	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.	ie, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State				-		4. FEI Numbe	_58 <del>-230468</del> 9<		МГ	Applied For	
Zip	Zip Country		Zip	Cour	ntry	5. Certificate of	of Status Desired		8.75 ee Req	Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name	/00 h 11 h					
					Street Address	(P.O. Box Number	is Not Acceptable)	<del></del> -			
					City	City Zip Code					
					<u> </u>	re i					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
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 # F00000005147							ADDRESS CHA	NGES ONLY			
NAME	BENCHMARK I	HES, INC.		ET ADDRESS							
CITY-ST-ZIP	ADDRESS 4053 MAPLE ROAD AMHERST NY 14226			-ST-ZIP	···						
DOCUMENT # NAME				STRE	ET ADDRESS					· •	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		<del>1 00<b>04-1</b></del> -05/08/ 	01010	)76-	-019 -020 oc	
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STREET ADDRESS CITY-ST-ZIP				СІТУ-	-ST-ZIP						
14. I hereby of indicated the receiv	certify that the info on this report is tr er or trustee emp	rmation supplied with the ue and accurate and the owered to execute this r	is filing does not qualify for at my signature shall have the eport as required by Chapte	the exer ne same er 620, F	nption stated in Se legal effect as if r forida Statutes	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I f hat I am a General I	urther certify Partner of the	that the	e information d partnership or	

P. Jeffrey Birtch
SIGNATURE AND PROPOSITED NAME OF SIGNING GENERAL PARTNER