

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *A 97000000 821*

1. Entity Name

Benchmark Huntington @ Sundance L.P.

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

4. FEI Number

91-1867341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, instead of printed name of registered agent must be filed if applicable.

DATE

9. Capital Contributions

as shown on record. *\$1,359,509.00*

10. Amount of Capital Contributions

in FLORIDA to date. *\$1,359,509.00*

**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 #	<i>F00000005147</i>	STREET ADDRESS	
NAME	<i>Benchmark Lakeland Properties, Inc.</i>	CITY-ST-ZIP	<i>100005481191-3</i>
STREET ADDRESS	<i>4053 Maple Road</i>		<i>-05/07/02--01053--028</i>
CITY-ST-ZIP	<i>Amherst, NY 14226</i>		<i>*****526.25 *****526.25</i>
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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the effect of a signature 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 820, Florida Statutes.

SIGNATURE: *Steven J Longo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/02

Date

Signature of Partner

LF

FILED

02 APR 25 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E003B (12/01)