2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED AR PRINTED NAME OF GIGNING GENERAL PARTNER

FILED May 24, 2005 08:00 AM Secretary of State

DOCUMENT # A9700001381 1. Entity Name BENCHMARK DAVIE CROSSING ASSOCIATES L.P.								etary of State
Principal Place	e of Business		Mailing Addre	ess .		-		
4053 MAPLE ROAD 4053 MAF				3 MAPLE ROAD HERST, NY 14226			allı tavif evili Silic ası	III MAIIT MWINT IIWAN ISINT ININT IININT NI INWI
2. Principal Place of Business 3. Mailin				Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262005	Chg-LP	CR2E003 (10/03)
City & State			City & State		4. FEI Number 65-0763		Applied For Not Applicable	
Zip	Zip Country		Zip	Cip Country		5. Certificate of	of Status Desired	S8.75 Additional Fee Required
	6. Name	and Address of Curre	nt Registered Agen	it	7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable)			
	named entity		for the purpose of c	changing its registe	red office or registe	ered agent, or both	n, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE			a delegation of the second				 _	DATE
9. Capital Contributions 10. Amount of Capital Contributions 10. Amount of Capital Contributions								
	on record.	\$2,700,000.00	in FL	ORIDA to date.	2,700,		<u> </u>	
	A G NOTE:	ENERAL PARTNER General Partners	THAT IS A BUS	INESS ENTITY I	MUST BE REGIS n; an amendme	STERED AND A ent must be file	CTIVE WITH TI d to change a g	HIS OFFICE. general partner.
12. GENERAL PARTNER INFORMATION								IANGES ONLY
DOCUMENT # NAME	MAME BENCHMARK DAVIE PROPER TREET ADDRESS 4053 MAPLE ROAD			STI	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				G	Y-ST-ZIP			
DOCUMENT # NAME				STI	REET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP	II			cn	Y-ST-ZIP			
DOCUMENT # NAME				sn	REET ADDRESS			10368116 5-80002-025 526.25
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STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP			
DOCUMENT # NAME				ST	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP			
14. I hereby indicated the recei	certify that th don this repo ver or trustee	e information supplied on its true and accurate a empowered to execute	with this filling does n and that my signature this report as requir	not qualify for the exe e shall have the sar red by Chapter 620	emption stated in s ne legal effect as if , Florida Statutes), Florida Statutes that I am a Gene	. I further certify that the information ral Partner of the limited partnership of

Vice President