2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

| DOCUN | MENT | #B040 | 000 | 000 | 039 |
|-------|-------------|-------|-----|-----|-----|
|-------|-------------|-------|-----|-----|-----|

1. Entity Name

BENCHMARK GREENS AT VIERA ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

4053 MAPLE RD. AMHERST, NY 14226 Mailing Address 4053 MAPLE RD. AMHERST, NY 14226



04242007 No Chg-LP

CR2E003 (12/06)

| 4. FEI Number | | | Applied For |
|----------------------------------|--|-------------------|----------------|
| 38-3366031 | | | Not Applicable |
| 5. Certificate of Status Desired | | \$8.75 Additional | |

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE

| PLANTATI | ON, FL 33324 | IN THIS SPACE | | | |
|--|--|---|--|--|--|
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | | |
| | | ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | GENERAL PARTNER INFORMATION F99000003473 BENCHMARK VIERA PROPERTIES, INC. 4053 MAPLE RD. AMHERST, NY 14226 | U00000752658 | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | 00000752658 05/21/07-80025-012 500.00 | | | |
| DOCUMENT # NAME STREET ADDRESS CITY ST-ZIP | | DO NOT WRITE | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 | | | | | |

SIGNATURE:

STAPLE CHECK HERE

GNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

4/25/07

Steven J. Longo Vice President

Daytime Phone #