

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038333

Entity Name: BENCHMARK PALENCIA, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

1548 THE GREENS WAY, STE. 4
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1548 THE GREENS WAY, STE. 4
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-0285834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREADWELL, FRANK
1548 THE GREENS WAY, STE. 4
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

FLETCHER, PAUL Z
1548 THE GREENS WAY, STE. 4
JACKSONVILLE BEACH, FL 32250 US

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: PAUL Z FLETCHER

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PROMENADE DEVELOPMEN, T LLC
Address: 1548 THE GREENS WAY, SUITE 4
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: BENCHMARK CUSTOM LUX, URY HOMES, INC
Address: 1579 THE GREENS WAY, SUITE 12
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL Z FLETCHER

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date