

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90020 018 ***138.75

60040033



DOCUMENT # L07000054251 1. Entity Name BENCHMARK BALDWIN PARK, LLC					
Principal Place of Business 4063 MAPLE ROAD AMHERST, NY 14226			Mailing Address 4063 MAPLE ROAD AMHERST, NY 14226		
2. Principal Place of Business - No P.O. Box # 4053 Maple Road Suite, Apt. #, etc.		3. Mailing Address 4053 Maple Road Suite, Apt. #, etc.			
City & State Amherst, NY		City & State Amherst, NY		4. FEI Number 20-3504648	
Zip 14226		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HRAWG CORP 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENCHMARK PROPERTIES MANAGEMENT CORP. 4063 MAPLE ROAD AMHERST, NY 14226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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 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:			Steven J. Longo Vice President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/25/08		Daytime Phone #