## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2005 08:00 AN Secretary of State

|  | ANNUAL  | KEPOKI  |  | . Sec                                       | cretary of State   |
|--|---|---|--|---|--|
| 1. Entity Nar  | MENT # M00000000000000000000000000000000000   |   |  |   | , c  |
| Principal Plan<br>4053 MAPL<br>AMHERST, N  |   | Mailing Address<br>4053 MAPLE RD.<br>AMHERST, NY 14226  |  | \$ JESKESH AN ESHIN SEKA SEKA BENK ESHIN ES | NA SENIA BENIK BENEK 1810 NITERA NI 1810                     |
| DO NOT WRITE IN THIS SPACE   |   |   |  | 04252005 No Chg-LLC                         |  |
|  | 6. Name and Address of Current Re   | gistered Agent  |  |   | 700.10401100   |
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |   | DO NOT WRITE<br>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.  U0000350495 |   |   |  |   |  |
| SIGNATURE  Signature, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when   |   |   |  | 05/05/05-80                                 | <u> </u>   |
| 9.   | iling Fee is \$50.00<br>lue by May 1, 2005  |   | <u></u>  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>BENCHMARK PROPERTIES MGM<br>4053 MAPLE RD.<br>AMHERST, NY 14226  | <del>"</del>  |  |   | , =  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | <u> </u>  |  | , and the second second                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  | DO NOT WR                                   | ITE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 2000  | *   |  | IN THIS SPA                                 | CE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ا<br>نام  |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | .e.   | Acres de la Constantina del Constantina de la Co |   |  |
| iimited iiai   | certify that the information supplied with this on this report is true and accurate and the billity company or the receiver or trustee er | s filing does not qualify for the exert my signature shall have the same npowered to execute this report as | nption stated in Sec<br>legal effect as if ma<br>required by Chapte  | er 608, Florida Statutes.                   | her certify that the information<br>member or manager of the |
| SIGNAT   | SIGNATURE AND TYPED OR PRINTED NAME OF SIG  | INING MANAGING MEMBER, OR AUTHORIZE   | D REPRESENTATIVE   | 4 /2 × ( d S                                | Daytime Phone #  |