


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

06-09-2004 90222 010 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # M01000002528</b>               |  |
| 1. Entity Name<br><b>BENCHMARK WEST, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>16835 KERCHEVAL<br/>GROSSE POINTE, MI 48230</b> | Mailing Address<br><b>16835 KERCHEVAL<br/>GROSSE POINTE, MI 48230</b> |
|---|---|

**14023674**



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>900 N. Michigan Avenue<br/>Suite, Apt. #, etc.<br/>1450</b> | 3. Mailing Address<br><b>900 N. Michigan Avenue<br/>Suite, Apt. #, etc.<br/>1450</b> |
|--|--|

04282004 Chg-LLC CR2E083 (10/03)

|   |  |                                    |  |
|---|--|------------------------------------|--|
| City & State<br><b>Chicago, Illinois</b>  | City & State<br><b>Chicago, Illinois</b> | 4. FEI Number<br><b>38-3633033</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>60611</b>   | Country<br><b>USA</b>                    | Zip<br><b>60611</b>                | Country<br><b>USA</b>                                  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |                                    |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>C.T. CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.

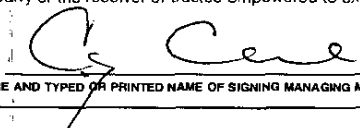
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                  |  | 10. ADDITIONS/CHANGES                           |  |
|---|--|---|--|
| TITLE<br><b>MGR</b>                           | <input checked="" type="checkbox"/> Delete | TITLE<br><b>Managing Member</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>CRAWFORD REALTY GROUP, LLC</b>     |  | NAME<br><b>Benchmark West Manager, L.L.C.</b>   |  |
| STREET ADDRESS<br><b>16835 KERCHEVAL</b>      |  | STREET ADDRESS<br><b>900 N. Michigan Avenue</b> |  |
| CITY-ST-ZIP<br><b>GROSSE POINTE, MI 48230</b> |  | CITY-ST-ZIP<br><b>Chicago, Illinois 60611</b>   |  |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME  |  |
| STREET ADDRESS                                |  | STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                   |  | CITY-ST-ZIP                                     |  |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME  |  |
| STREET ADDRESS                                |  | STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                   |  | CITY-ST-ZIP                                     |  |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME  |  |
| STREET ADDRESS                                |  | STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                   |  | CITY-ST-ZIP                                     |  |
| TITLE   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | NAME  |  |
| STREET ADDRESS                                |  | STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                   |  | CITY-ST-ZIP                                     |  |

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **Authorized Representative 4/30/04 (312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #