2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000241

1. Entity Name SRK LADY LAKE 43 ASSOCIATES LLC



FILED May 02, 2008 08:00 Al Secretary of State

Principal Place of Business

4053 MAPLE ROAD AMHERST, NY 14226 Mailing Address

4053 MAPLE ROAD AMHERST, NY 14226



DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC CR2E083 (12/07)

| 4. | FEI Number | | Applied For |
|----|-------------------------------|----------------|---------------------|
| | 16-1498814 | | Not Applicable |
| 5. | Certificate of Status Desired | \$5.0 Fee F | Additional pired |

6. Name and Address of Current Registered Agent

HRAWG CORP 1801 N. MILITARY TRAIL, STE. 200 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

| | | IN THIS SPACE |
|---------------------------------------|--|--|
| | named entity submits this statement for the purpose of changing its regions of registered agent. | istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE. | Signature, typed or brinted name of registered agent and title if applicable (NOTE Ric | gistered Agent signature required when reinstating) DATE |
| FILE After May | NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BENCHMARK PROPERTIES MANAGEMENT CORP. 4053 MAPLE ROAD AMHERST, NY 14226 | |
| TITLE | | |
| NAME | | U00000946298 |
| STREET ADDRESS CITY-ST-ZIP | | 05/30/08-80040-025 138.75 |
| TITLE | | |
| NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | DO NOT WRITE |
| TITLE | | IN THIS SPACE |
| NAME STREET ADDRESS | | 114 11110 017(02 |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | * |

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

Steven J. Longo Vice President

SING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/08

Daytime Phone #