

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 18, 2006 8:00 am
Secretary of State

05-09-2006 90007 045 ****50.00

DOCUMENT # M05000005128 1. Entity Name SRK WALKER CLUB LLC					
Principal Place of Business 4053 MAPLE ROAD AMHERST, NY 14226			Mailing Address 4053 MAPLE ROAD AMHERST, NY 14226		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. 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		
4. FEI Number 20-3462922 Applied For Not Applicable					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		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. 4053 MAPLE ROAD AMHERST, NY 14226		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Arthur and Susan Bellman Uchain Trust 4053 Maple Road Amherst, NY 14226	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM George I Bellman Irrevocable Trust 4053 Maple Road Amherst, NY 14226	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Clark H. Navins Irrevocable Trust 4053 Maple Road Amherst, NY 14226	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Steven Jones</u>			VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/28/06		
Daytime Phone # (716) 933-4986			Daytime Phone #		

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