

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

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**



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3462922

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
BENCHMARK PROPERTIES MANAGEMENT CORP.
4053 MAPLE ROAD
AMHERST, NY 14226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
ARTHUR & SUSAN BELLMAN L'CHAIM TRUST
4053 MAPLE RD
AMHERST, NY 14226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
GEORGE BELLMAN IRREVOCABLE TRUST
4053 MAPLE RD
AMHERST, NY 14226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
CLARKE H. HARRIS IREVOCABLE TRUST
4053 MAPLE RD.
AMHERST, NY 14226**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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 _____

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

**Steven J. Longo
Vice President**

4/25/07

Date

Daytime Phone #