



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005128 1. Entity Name SRK WALKER CLUB LLC	
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Principal Place of Business 4053 MAPLE ROAD AMHERST, NY 14226	Mailing Address 4053 MAPLE ROAD AMHERST, NY 14226
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3462922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

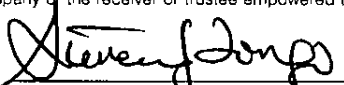
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENCHMARK PROPERTIES MANAGEMENT CORP. 4053 MAPLE ROAD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARTHUR & SUSAN BELLMAN L'CHAIM TRUST 4053 MAPLE RD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE BELLMAN IRREVOCABLE TRUST 4053 MAPLE RD AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARKE H. HARRIS IREVOCABLE TRUST 4053 MAPLE RD. AMHERST, NY 14226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000948879
06/03/08-80046-002 138.75

**DO NOT WRITE
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:  VP 4/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____