## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M990000631  1. Entity Name BENCHMARK PROPERTY MANAGEMENT OF GEORGIA, L.L.C.				FILED	•	
Principal Place of Business Mailing Address 522 E. JEFFERSON ST. TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				OI FEB -9 PM 2:5  SECRETARY OF STA TALLAHASSEE.FLOR	TL IDA	
2. Principal Place of Business 3. Mailing Address				HOUR BORNS OFFICE HINDE HOUR IS NOT A COM		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
City & State		City & State		4. FEI Number 58-2424862	Applied For Not Applicable	
Zip	Country .	Zip	Country		\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered A	gent	
<b>_</b>			Name			
Sauls, James 522 E. Jefferson St.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301						
			City	FL	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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
			OW!!! FEE IS \$50.00 yable to Department			
9.	MANAGING MEMBI	RS/MEMBERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAULS, JAMES 522 E. JEFFERSON ST. TALLAHASSEE FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003708	□ Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RK ACQUISITIONS & ASSET MANAGEMENT, LLC 340 EISENHOWER DR., STE. 300		TITLE NAME STREET ADDRESS CITY-ST-ZIP	-02/13/010 *****50.00	けい ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
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TITLE NAME STREET ADDRESSE, CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for that my signature shall have t empowered to execute this r	the exemption stated in S the same legal effect as if r eport as required by Chap	ection 119.07(3)(i), Florida Statutes. I further cert made under oath; that I am a managing membe oter 608, Florida Statutes.	ify that the information r or manager of the	

SIGNATURE: SIGNATURE AND TYPED OR BUSHED NAME OF STORMING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE