



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 107260		2. Exact name of the limited liability company All States 1031 X-Change Facilitator, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FACILITATING PROPERTY EXCHANGES UNDER INTERNAL REVENUE CODE SECTION 1031	
5. Principal office address 32 CUSTOM HOUSE STREET SUITE 510		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name F. MOORE MCLAUGHLIN, IV		Contact Title Operating Manager	
Street Address 32 CUSTOM HOUSE STREET SUITE 510		City PROVIDENCE	State RI
		Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (b) (2) / 7-16-52			
Manager Name F. Moore McLaughlin, IV		Manager Name Thomas J. Moylan	
Street Address 32 Custom House Street, Suite 510		Street Address 32 Custom House Street, Suite 510	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name F. MOORE MCLAUGHLIN, IV ESQ.		Address 32 CUSTOM HOUSE STREET, SUITE 500	
Address		City PROVIDENCE	Zip 02903

REDEEMED
 SECRETARY
 CORPORATE
 2007 AUG 21 10:33

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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FILED

File Date AUG 21 2007

Check No. 034713

By: 10:33

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

F. Moore McLaughlin, IV 8-14-07
Signature of Authorized Person Date

F. Moore McLaughlin, IV, Esquire
Print or Type Name of Authorized Person