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.	2. Exact name of the	limited liabilty company					
153419	Century 21 Rea	ury 21 Real Estate LLC					
3. State of Formation	4. Brief desc	cription of the character of	the business which is actually cond	fucted in Rhode Island			
DELAWARE	R.	eal Estate	Frenchiser				
5. Principal office addre	55		City	State	Zip		
1 CAMPUS DRIVI	Ε		PARISIPPANY	NJ	07054-		
6. MAILING ADDI	ess of emper	DELEABILETY COM	PANN AND NAME OR BY	ELE OF CONTACT P	ERSON:		
Contact Name			Contact Title	Contact Title			
Seth 1	. Truwit		· 5VP				
Street Address			City	State	Zip		
1 CAMPUS DRIVE			• PARISIPPANY	NJ	07054-		
7. NAME AND ADE	RRSS OF BACH	MANACHRORIT	FILEMINES AND REPAY	CINEPANY IL APPLI	CARLE		
			NO ATACIONE DE LA COMP				
			OURES HENG OF EMENDME				
Manager Name		THE REPORT OF THE PROPERTY OF	• Manager Name				
			•				
Street Address			Street Address	Street Address			
			•				
City	State	Zip	*City	State	Zip		
<i>'</i>			•	Dia.c	2.10		
Manager Name			Manager Name	*Manager Name			
			•				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	•Street Address			
			•				
City	State	Zip	City	State	Zip		
			•				
8. RESIDENT AGEN	T IN RHODE ISL	ND DO NOT ALTER	Changes require filing:	of Form 642 - R.L.C.L.	:7-16-11 -		
Agent Name			Address		and the state of the control of the state of		
CORPORATION S	SERVICE COMP	ANY	222 JEFFERS	ON BOULEVARD, S	JITE 200		
Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	City		Zip		
			WARWICK		02888-		
				·····	<u> </u>		

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



File Date	
Check No. 06T 01	2007 28 287
FOR SECRETARY OF SAME OF	SE 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.

Signature of Authorized Person	9-21-07	
Signature of Authorized Person	Date	
Joseph J. Hub	er	
Print or Type Name of Authorized Pers	on	

Form 632 Rev. 12/05