

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. 1D No.	2. Exact 1	t name of the limited liability company						
127598	JBJ I	Nantucket, LLC						
3. State of Formation 4. Brief description of the character of the husiness w			character of the husiness whic	ich is actually conducted in Rhode Island				
RHODE ISLAND Acquire, own, operate, maint			perate, maintain, le	n, lease, develop and sell property				
5. Principal office address				City	State	Zip		
166 Nayatt Road				Barrington	RI	02806		
6. MAILING ADDRES	SS OF LI	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:	•	4.	
Contact Name				Contact Title				
Jeffrey B. Jenkins				Manager				
Street Address				City	State	Zip		
166 Nayatt Road				Barrington	RI	02806		
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAE	LE - <u>DO N</u>	OT LIST MEMI	BERS	
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR ATT	ACHMENT)			
Manager Name				Manager Name				
Jeffrey B. Jenkins								
Street Address				Street Address				
166 Nayatt Road								
City		State	Zip	City	State	Zip		
Barrington		RI	02806					
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State	Zip		
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	I' IN RHO	DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	,	
Agent Name				Address				
Jeffrey B. Jenki	ns							
Address				City Zip ***				
166 Nayatt Road				Barrington		02806		
<u> </u>				<u> </u>				

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

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	039779
File Date	
Check No.	OCL 1 8 2007
Ву:	——————————————————————————————————————
	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.

Ignature of Authorized Person

10.9.0

Jeffrey B. Jenkins

Print or Type Name of Authorized Person