



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

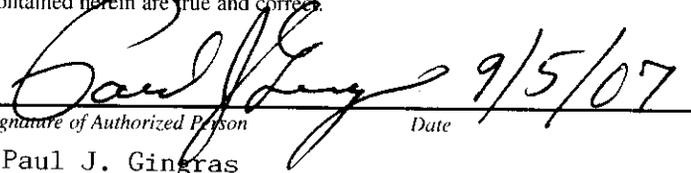
Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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. ID No. 139803		2. Exact name of the limited liability company Branch Land L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND RENT MCDONALD'S PROPERTY MANAGMENT AT 736 BRCH AVE., PROVIDENCE RI			
5. Principal office address c/o Parkway Asset Mgmt. Corp. 235 Moore Street, Suite 102		City Hackensack	State NJ	Zip 07601	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul J. Gingras			Contact Title President of Parkway Asset Mgmt. Corp., Agent		
Street Address Parkway Asset Management Corp. 235 Moore Street, Suite 102		City Hackensack	State NJ	Zip 07601	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Norman A. Feinsten			Manager Name		
Street Address 15 Maple Avenue			Street Address		
City Morristown	State NJ	Zip 07960	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

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

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 Date **9/5/07**
Paul J. Gingras

Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 01 2007
By:	By lol
FOR SECRETARY OF STATE USE ONLY	