



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. 141640		2. Exact name of the limited liability company G.B. New England 2, LLC	
3. State of Formation INDIANA		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development	
5. Principal office address 600 East 96th Street, Suite 150		City Indianapolis	State IN
		Zip 46240	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name H. Spencer Knotts		Contact Title Vice President/General Counsel	
Street Address 600 East 96th Street, Suite 150		City Indianapolis	State IN
		Zip 46240	
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) ☐			
Manager Name G.B. Managers, Inc.		Manager Name	
Street Address 600 East 96th Street, Suite 150		Street Address	
City Indianapolis	State IN	Zip 46240	City Indianapolis
			State IN
Manager Name		Manager Name	
Street Address		Street Address	
City Indianapolis	State IN	Zip 46240	City Indianapolis
			State IN
Manager Name		Manager Name	
Street Address		Street Address	
City Indianapolis	State IN	Zip 46240	City Indianapolis
			State IN
Manager Name		Manager Name	
Street Address		Street Address	
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

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

141640

FILED	
File Date	OCT 25 2007
Check No.	
By	2001
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.

Signature of Authorized Person
Date **10.19.07**
Thomas M. Crowley
Print or Type Name of Authorized Person