

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 3007

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 venalty fee of \$25.00.

1. ID No.		mited liability company					
146288		Koffler Mountain Valley Mall, LLC					
3. State of Formation	4 Brief descr	4. Brief description of the character of the business which is actually conducted in Rhode Island					
Rhode Island	To Acquire	e and Invest in Such Intere	sts in Real Property				
5. Principal office address			City	State	Zip		
10 Memorial Blvd Suite 901			Providence	RI	02903		
6. MAILING ADD	RESS OF LIMITED LIA	ABILITY COMPANY AND I	NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name			Gontact Title	Contact Title			
Richard J. Bornstein			Manager				
Street Address			Сиу	State	Zip		
10 Memorial Blvd Suite 901			Providence	RI	02903		
FILL IN SPACES BEFORE USING A Manager Name			Manager Name	:			
Richard J. Borns	stein		Anthony J. DeLuca	Anthony J. DeLuca			
Street Address			Street Address	Street Address			
10 Memorial Blvd Suite 901			10 Memorial Blvd S	10 Memorial Blvd Suite 901			
City Providence	State RI	^{Zīp} 02903	City Providence	State RI	02903		
Manager Name					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Manager Name				
Street Address		manada di kadi di didi di dalam n	Manager Name Street Address				
Street Address City	State	Zip		State	Zip		
City 8. RESIDENT AGI Agent Name	ENT IN RHODE ISLAN		Street Address				
8. RESIDENT AGI Agent Name Scott J. Summe	ENT IN RHODE ISLAN		Street Address City anges require filing of Form Address	1 642 - R.I.G.L. 7-16	-11		
8. RESIDENT AGE Agent Name Scott J. Summe	ENT IN RHODE ISLAN		Street Address City anges require filing of Form	1 642 - R.I.G.L. 7-16			

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

146288

File Date	FILED		
Check No.	NOV 3 0 2007		
By:	By 56 mnc		
	FOR SECRETARY OF STATE USE ONLY		

Inder penalty of perjury, I declare and affirm that	I have examined this report
ncluding any accompanying schedules and statem	ents, and that all statements
ontained herein are true and correct.	<i>(</i>)

Print or Type Name of Authorized Person

Form 632 Rev. 07/07