

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.

I. ID No.	2. Exact name of the limited liability company							
149109	LMA F	tealty, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
Rhode Island		Ownership of Real	Estate					
5 Principal office address				City	State		Zip	
8120 Huntfield Drive				Fulton	MD		20759	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:								
Contact Name				Contact Title				
Caroline Agresti				Member				
Street Address				City	State		Zip	
8120 Huntfield Drive				Fulton	MD		20759	
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)								
мапедет Name				Manager Name				
								Seven Address
City		State	Zip	City	State	•	Zip	
Manager Name				Manager Name				
Street Address				Street Address				
Guy		State	Zip	City	State		Zip	
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7:16-11								
Agent Name				Address				
Gary M. Hogan, Esq.				155 South Main Street				
Address						Zip	•	
				Providence 02903		02903		

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

149109

File Date 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.

Caroline Agresti

Print or Type Name of Authorized Person