

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

148 W. River street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* · THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 55 5							
1. ID No.	2. Exact name of the limited liability company								
151237	10 Hill Top, LLC								
3. State of Formation	<u> </u>			iness which is actually conducted in Rhode Isla	de Island				
Rhode Island Management of real estate			t of real estate						
5. Principal office address	5	. I		City	State	Zip			
c/o Parasearch; 2		erson Bouleva	rd, Suite 200	Warwick	Rhode Island	02888			
	~~~~	Daniel Control and American State (1981)	ITY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSO Ni				
Contact Name	22466646464	\$451345727170000000000000000000000000000000000	165666677777777777777777777777777777777	Contact Title					
Wayne Burwell				Manager	Manager				
Street Address				City	State	Zip			
903 Augusta Pointe Drive				Palm Beach Gardens	Florida	33418			
						TOTAL SEE			
7. NAME AND ADD	BESS (J			D LIABILITY COMPANY, IF APPLICA IG ATTACHMENTS ("X" BOX FOR A		I WENDERS			
				Manager Nume					
Manager Name				•	Dorothy Burwell				
Wayne Burwell									
Street Address					Street Address 903 Augusta Pointe Drive				
903 Augusta Pointe Drive									
City		State	Zψ	City	State	Zip			
Palm Beach Gard	ens	Florida	33418	Palm Beach Gardens	Florida	33418			
Manager Name				Manayer Name	Manayer Name				
Street Address				Street Address	Street Address				
			·						
City:		State	Zip	City	State	Zip			
8. RESIDENT AGEN			office of the Corretory	of State Changes require filing of Form	6/2 - R I G I - 7-16 11				
Triis information is cu	irrenily c	or record in the C	The of the Secretary o	of State. Changes require filing of Form	1074 - K.I.O.L. /*10-11				

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

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Committee Commit	OF OFFICE	CARL OF A	RIE USE UIX	ukucenno oo o
	military management		caromicolomi	11111111111111111111111111111111111111

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 Anthorized Person

Wayne Burwell, Manager

Print or Type Name of Authorized Person

Form 632 Rev. 08/08