

A. Ralph Mollis, Secretary of State Corporations Division 1-18 W. River Street Providence, RI 02904-2615

RF 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.L.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. 124421	2. Exact name of the limite SANBROEK, LLC	name of the limited liability company ROEK, LLC				
5. State of Formation NEW YORK 4 Brief description of the character of the hustness ACQUISITION, OWNERSHIP AND			mess which is actually conducted in R ND MANAGEMENT OF R	which is actually conducted in Rhode Island MANAGEMENT OF REAL ESTATE		
5. Principal office address 1 EASTFIELD DRIVE			EUV BEDFORD	State NY	Ζφ 10506	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name SANDRA VAN DEN BROEK			NAME OR TITLE OF CONTAC Contact Title MANAGER	Contact Title		
1 EASTFIELD DRIVE			Cuv BEDFORD	State NY	^{Zip} 10506	
7. NAME AND ADD		GER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF AS G ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u> FOR ATTACHMENT)		
Manager Name SANDRA VAN DEN BROEK			Manager Name	Manager Name		
Street Address 1 EASTFIELD DRIVE			Street Address	Street Address		
City BEDFORD	State NY	<i>Zip</i> 10506	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	99 OC		
City	State	Zip	Сцу	State	RECIANDREPOR	
	NT IN RHODE ISLAND currently of record in the	Office of the Secretary o	of State. Changes require filing o	f Form 642 - R.LG.L. 7-1	(A) 150 (A) (T)	
					VED OF STATE DRS DIV	

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

124421

File Date

Check No. NOV 1 8 2009

By: 103 736 10! SZ

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 Perein are true and correct.

Value

Signature of Authorized Person

22101

SANDRA VAN DEN BROEK

Print or Type Name of Authorized Person