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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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000132794		2. Name of Corporation LIQUIDATION PROPERTIES INC.			
3. Street Address Principal Business Office 388 GREENWICH STREET			City NEW YORK	State NY	Zip 10013
4. Business Phone No. (813)604-8114		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island HOLDS ASSETS REQUIRED THROUGH A LOAN WORKOUT.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD ISENBERG			Vice President Name CRAIG FUOCO		
Street Address 390 GREENWICH STREET			Street Address 390 GREENWICH STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Secretary Name LISA A. HOFFMAN			Treasurer Name JOHN TROHAN		
Street Address 3800 CITIGROUP CENTER DRIVE, BLDG F-1			Street Address 390 GREENWICH STREET		
City TAMPA	State FL	Zip 33610	City NEW YORK	State NY	Zip 10013
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JEFFREY A. PERLOWITZ			Director Name MARK I. TSESEARSKY		
Street Address 390 GREENWICH STREET			Street Address 390 GREENWICH STREET		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares		Class/Series		Par Value	
200		COMMON		0.00	

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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

FEB 01 2010

File Date _____	<b>BY</b>
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

109845

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: *Lisa A. Hoffman* Date: 1/29/10

LISA A. HOFFMAN  
Print or Type Name  
ASST. SECRETARY  
Title