RI SOS Filing Number: 201072292700 Date: 11/16/2010 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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. ID No. 143189

2. Exact name of the limited liability company COURTSPEED, LLC

3. State of Formation RI

4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING IN REAL ESTATE

5. Principal office address 311 POPLAR AVENUE — *City* MILLBRAE — *State* CA — *Zip* 94030

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*		
STEVEN WILLIAMS	OPERATING MANAGER		
Street Address	*City*	*State*	*Zip*
311 POPLAR AVENUE	MILLBRAE	CA	94030

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) ☐

Manager Name			*Manager Name*		
STEVEN WILLIAMS			COURTNEY WILLIAMS		
Street Address			*Street Address*		
Same			311 POPLAR AVENUE		
City	*State*	*Zip*	*City*	*State*	*Zip*
			MILLBRAE	CA	94030
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

143189

File Date FILED
Check No. NOV 16 2010
By: 1515
55 ... 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.

[signature] 11/8/10
Signature of Authorized Person *Date*

STEVEN WILLIAMS
Print or Type Name of Authorized Person

Form 632 Rev. 08/08