

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102286		2. Exact name of the limited liability company BAY SPRING VILLAGE, LLC			
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT IN REAL ESTATE			
5. Principal office address 300 EAST LOMBARD STREET, SUITE 1200		City BALTIMORE	State MD	Zip 21202	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS BURTON			Contact Title MANAGER		
Street Address 300 EAST LOMBARD STREET, SUITE 1200		City BALTIMORE	State MD	Zip 21202	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-62					
Manager Name VINTAGE/ABR (DEVELOPMENT), LLC			Manager Name		
Street Address 300 EAST LOMBARD STREET, SUITE 1200			Street Address		
City BALTIMORE	State MD	Zip 21202	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name NATIONAL REGISTERED AGENTS, INC.			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK, RI	Zip 02888		

This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date	11/29/04
Check No.	104
By:	W.
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.


Signature of Authorized Person _____ Date _____

THOMAS BURTON
Print or Type Name of Authorized Person