

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 $\underline{\mathscr{S}_{\mathcal{U}}}$

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 s	subject to a penalty fee of \$25.0	0.				
	2. Exact name of the limited li		11.0			
1000 484900 Oceanside Enterprises, Ill.						
3. State of Formation	4. Brief description of	f the character of the busin	ness upich is actually conducted in	Hee House		
5 Phincipal office address				State D-	Zip	
5. Phincipal office address 6. Malling Address of Limited Liability Company and Name or title of contact person:						
6. MAILING ADDRES	S OF LIMITED LIABIH	TY COMPANY AND	NAME OR TITLE OF CON12 : Contact Title	CI PERSON:		
			Hemb	Member		
Street Address	· · ·	X	City	State	2ip 0,7871	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LI					1 0 1	
7. NAME AND ADDR	RESS OF EACH MANAGE	ER OF THE LIMITED ACES BEFORE USIN	LIABILITY COMPANY, IF	APPLICABLE - <u>DO NOT LI</u> X FOR ATTACHMENT)	IST MEMBERS	
	FILL IN SP	ACES BEFORE USIN		Manager Name		
Manager Nume						
Street Address			Street Address	Street Address		
				State	Zip	
City	State	Zip	City	Jiene	1-7	
Manager Name Manager Name						
Street Address			Street Address	Street Address		
City	Suue	Zip	City	State	Zip	
j .				j	i	
8. RESIDENT AGEN	T IN RHODE ISLAND	ffice of the Secretary (of State. Changes require filing	g of Form 642 - R.I.G.L. 7-16-	11	
This information is co	intentity of fecold in the O	inco ox the desirency				
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					2: 00	
					00	

File Date JUL 15 2011 Check No. 2100 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. Form 632 Rev. 08/08