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148 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited Liability Company Annual Report Namual Report Namual Report September 1 - November 1 in accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 2-16-66(b3c)) is subject to a penalty fee of \$26.00. ANNUAL REPORT YEAR: 2011 1. ID No. 000138574 2. Exact Name of the Limited Liability Company <u>67T Realty LLC</u> 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island TO ENGAGE IN ANY LAWFUL BUSINESS 5. Principal Office Address No. and Street: 11450 SE DIXIE HWY <u>STE 204</u> City or Town: WESTERLY State: FL Zip: 33455 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: No. and Street: 11450 SE DIXIE HWY, STE. 204 City or Town: HOBE SOUND State: FL Zip: 33455 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: Title Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO N		Office of the Secreta	ary of State
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	No. and Street: 114 ST City or Town: WH 6. Mailing Address of Lit Contact Name: Contact No. and Street: 1145(City or Town: HOB 7. Name and Address o DO NOT LIST MEMBE Title MANAGER	450 SE DIXIE HWY E 204 ESTERLY State imited Liability Company and Nam Title: 0 SE DIXIE HWY, STE. 204 E SOUND of Each Manager of the Limited Lial ERS Individual Name First, Middle, Last, Suffix ANDREW W CASPERSEN	e or Title of Contact Person: State: <u>FL</u> Zip: <u>33455</u> Country: <u>USA</u> bility Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 11450 SE DIXIE HWY, 204
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	No. and Street: 114 ST City or Town: WH 6. Mailing Address of Li Contact Name: Contact No. and Street: 1145(City or Town: HOB 7. Name and Address o DO NOT LIST MEMBE Title MANAGER 8. RESIDENT AGENT IN	450 SE DIXIE HWY E 204 ESTERLY State imited Liability Company and Nam Title: 0 SE DIXIE HWY, STE. 204 E SOUND of Each Manager of the Limited Lial ERS Individual Name First, Middle, Last, Suffix ANDREW W CASPERSEN RHODE ISLAND - DO NOT ALTER	e or Title of Contact Person: State: <u>FL</u> Zip: <u>33455</u> Country: <u>USA</u> bility Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 11450 SE DIXIE HWY, 204

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

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

Signed this 27 Day of October, 2011 at 5:15:22 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANDREW W. W. CASPERSEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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