

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

	2. Exact name of the limited liability company 71-73 Keene Street, LLC						
State of Formation     Florida	Brief description of the character of business conducted in Rhode Island     Rental Property						
5. Principal office address 700 South Olive Avenue			City West Palm Beach	State FL	Zip 33401		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERSO	N:			
Contact Name Gail C. Meyers			Treasurer of Managing Member				
Street Address 4540 PGA Boulvevard, Suite 216			City Palm Beach Gardens	State U	Zip <b>33418</b>		
7. LIST ALL MANAGERS (	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF APP	LICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address	, AM AMERICAN PROPERTY.	, byworth	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zìp	City	State	Zip		
8. RESIDENT AGENT IN RI							
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes require filing	Form 642.			

No. of	<u></u>	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.		
File Date		SEP 3 0 2013	and that all statements contained herein are to		
Ву:	SY	10199	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY			Gail C. Meyers, Treasurer		

Print or Type Name of Authorized Person