

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

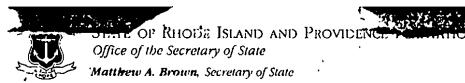
2005

LIMITED LI	ABIL.	ITY COMPA	NY ANNUAL	KEPOKI FOK II	1E YEAK		
Filing Period: Septer	nber 1 - l	November 1 •	Filing Fee: \$50.00				
FORM MUST BE TYPED	OR PRINT	ED IN BLACK)	•				
1. ID No.	2. Exact	Exact name of the limited liability company Iden Daze Ventures, LLC					
126408	Golden						
3. State of Formation	Ĩ	4. Brief description of the	character of the business wh	ich is actually conducted in Rhode L	sland		-
RHODE ISLAND REAL ESTATE INVESTMENT, MANAGEMI			NT, LEASING.				
5. Principal office address	<u>_</u> 5			City	State		ZΦ
7 Kory Wharf				Jamestown	Rt		02835
	1.		COMPANY AND NAME	OR TITLE OF CONTACT P	ERSON:		July Total Waller
				: Contact Title			• •
Wer	dy	Waller					
Street Address 3 Beavertail Rd				Jamestown	State		2.φ
3 be	cavert	all Rd		Jamestown	IL	-	02835
• • •	-		F THE LIMITED LIAB	ILITY COMPANY, IF APPIJO	CABLE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			BEFORE USING ATTA				
AN	Y MODIE	ICATIONS TO MAN	IAGERS REQUIRES FII	JNG OF AMENDMENT, R.I.	G.L. 7-16-12 (a) (2) / 7-16	5-52
Manager Name				Manager Name			
•				•			
Street Address				Street Address			
37.0017.114.13.							
Cir.	I	State	ZIP	Ciry	State		Zip
City		Siair	z.ip	Cuy	Sinc		2.9
	l	•••••	.1			•••••	
Manager Name				Manager Name			
Street Address	 -		_	: Street Address			
SITCH Address				·			
City	 - 1	State	Zip	City	State		Zip
City	i	Sittle	p	: ""	Jane 1		
R RESIDENT AGEN	. I It in Rhi	DDF ISLAND . DO	∣ NOT ALTER - Changes	require filing of Form 64	2 - R.I.G.L. 7-1		.'
Agent Name				Address			
•							
WENDY A. WALLER				_		_	
Address				City Zip			
3 BEAVERTAIL ROAD			JAMESTOWN	MESTOWN 02835			

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

File Date 12/13/05 126408	
Check No. 33	
By:FOR SECRETARY OF STATE USE ONLY	_

Under penalty of perjury, I declare and affirm that I have e including any accompanying schedules and statements, and	
contained herein are true and correct.	
MAR 11/1/a	5
Signature of Muthorized Person Pate	=
Wendy Marler	
Print or Type Name of Authorized Person	



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

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4	v	v	┱

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L.ID No 2. Exact name of the limited liability company 126408 Golden Daze Ventures, LLC 3. State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island REAL ESTATE INVESTMENT, MANAGEMENT, LEASING. RHODE ISLAND 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Gloria Kurz Street Address 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address Manager Name Manager Name Street Address Street Address State State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name **WENDY A. WALLER** Address ο2835 **JAMESTOWN** 🔏 BEAVERTAIL ROAD taddress changed to 3 beovertail Rd. on 10/29/04 Per Many Am's instructions, I am correcting on Annual Report. This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 1/5/05
Check No. 217
Ву:
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 Audiorized Person

Date Date

Print or Type Name of Authorized Person



Address

7 BEAVERTAIL ROAD

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Strong Providence, RI 02903-13

401.222.30

2003 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR • Filing Fee: \$50.00 iling Period: September 1 - November 1 FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2 Exact name of the limited liability company Golden Daze Ventures, LLC 126408 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RHODE ISLAND** 5 Principal office address LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title City 02835 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 🔲 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address Zip State Z_{ip} City State Manager Name Street Address Street Address City Zip State 7.ip 3. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **WENDY A. WALLER**

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

City

JAMESTOWN

	* 1 2 6 4 0 8 *	
File Date _	11/6/03	
Check No.	186	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

Zip

02835-

Wenly	Ĺ		10	31	0
Signature of Authoriz	ed Person	Date			

Mendy A. WALLER

Punt or Type Name of Authorized Person