



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. 100712		2. Exact name of the limited liability company Sabal Mortgage Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE FINANCING			
5. Principal office address 64 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Albert G. Brien			Contact Title Manager		
Street Address 64 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
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) / 7-16-52					
Manager Name Albert G. Brien			Manager Name		
Street Address 64 Hamlet Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	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 ALBERT G. BRIEN			Address		
Address 64 HAMLET AVENUE		City WOONSOCKET		Zip 02895-	

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



* 1 0 0 7 1 2 *

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.

Albert G. Brien 9-3-04
Signature of Authorized Person Date

Albert G. Brien
Print or Type Name of Authorized Person

File Date	<u>9/8/04</u>
Check No.	<u>137</u>
By:	<u>PA</u>
FOR SECRETARY OF STATE USE ONLY	



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100712		2. Exact name of the limited liability company Sabal Mortgage Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE FINANCING			
5. Principal office address 64 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Albert G. Brien		Contact Title Manager			
Street Address 64 Hamlet Avenue		City Woonsocket	State RI	Zip 02895	
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) / 7-16-52					
Manager Name Albert G. Brien		Manager Name			
Street Address 64 Hamlet Avenue		Street Address			
City Woonsocket	State RI	Zip 02895	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 ALBERT G. BRIEN		Address			
Address 64 HAMLET AVENUE		City WOONSOCKET	Zip 02895-4423		

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



* 1 0 0 7 1 2 *

FILED

File Date **JAN 14 2004**

Check No. **BY mubst GAD**

By: _____

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.

Albert G. Brien 1-2-04
Signature of Authorized Person Date

Albert G. Brien

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100712		2. Exact name of the limited liability company Sabal Mortgage Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE FINANCING	
5. Principal office address 64 Hamlet Avenue		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Albert G. Brien		Contact Title Manager	
Street Address 64 Hamlet Avenue		City Woonsocket	State RI
		Zip 02895	
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) / 7-16-52			
Manager Name Albert G. Brien		* Manager Name	
Street Address 64 Hamlet Avenue		* Street Address	
City Woonsocket	State RI	Zip 02895	* City
* Manager Name		* State	
* Street Address		* 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 ALBERT G. BRIEN		Address	
Address 64 HAMLET AVENUE		City WOONSOCKET	Zip 02895

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



* 1 0 0 7 1 2 *

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.

Albert G. Brien 2-27-03
Signature of Authorized Person Date

Albert G. Brien
Print or Type Name of Authorized Person

File Date	3-4-03
Check No.	3618
By:	ICP
FOR SECRETARY OF STATE USE ONLY	

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 100712

Annual Report for the year 2001

1. The name of the limited liability company is:

Sabal Mortgage Company, LLC

2. The address of the principal office of the limited liability company is:

64 Hamlet Avenue, Woonsocket, RI 02895

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ALBERT G. BRIEN

64 HAMLET AVENUE WOONSOCKET RI 02895-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Albert G. Brien, 64 Hamlet Avenue

Woonsocket, RI 02895

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Investment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Albert G. Brien

64 Hamlet Avenue, Woonsocket, RI 02895

Dated 8/29/01

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.



1 0 0 7 1 2

Sabal Mortgage Company, LLC

Exact Name of Limited Liability Company

By Albert G. Brien

Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-18-01</u>
Check No.:	<u>2263</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040.

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL100712

Annual Report for the year 2000

- The name of the limited liability company is:
SABAL MORTGAGE COMPANY, LLC
- The address of the principal office of the limited liability company is:
64 HAMLET AVENUE, WOONSOCKET, RI 02895
- The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND
- The name and address of its resident agent is: ALBERT G. BRIEN
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 64 HAMLET AVENUE, WOONSOCKET, RI 02895
ATTN: ALBERT G. BRIEN
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE FINANCING
- If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>ALBERT G. BRIEN</u>	<u>64 HAMLET AVENUE, WOONSOCKET, RI 02895</u>

FILED

APR 20 2001
By WFTU3
242586

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.

Date: 4/18/01

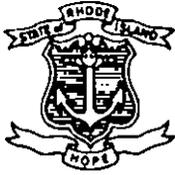
SABAL MORTGAGE COMPANY, LLC
Exact Name of Limited Liability Company

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
APR 20 2 39 PM '01

By Albert G. Brien
MANAGER
Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 100712

Annual Report for the year 1999

1. The name of the limited liability company is:

Sabal Mortgage Company, LLC

2. The address of the principal office of the limited liability company is:

64 HAMLET AVENUE, WOONSOCKET, RI 02895

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: CHARLES S. SOKOLOFF, ESQ.

ELEVEN THURBER BOULEVARD SMITHFIELD, RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 64 HAMLET AVENUE, WOONSOCKET, RI 02895

ATTN: ALBERT G. BRIEN

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE FINANCING

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

ALBERT G. BRIEN

64 HAMLET AVENUE, WOONSOCKET, RI 02895

FILED

APR 20 2001

Dated 4/18/01

By CC #43
242586

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.



APR 20 2 39 PM '01

SABAL MORTGAGE COMPANY, LLC

Exact Name of Limited Liability Company

By Albert G. Brien

MANAGER

Title

FOR SECRETARY OF STATE	RECEIVED
File Date:	
Check No.:	
By:	