

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

Matthew A. Brown, Secretary of State

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

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00						
(FORM MUST BE TYPED O						
1. IID No. 130019						
State of Formation DELAWARE 4. Brief description of the character of the business when the state of the business w				h is actually conducted in Rhode Island	d	
		Hill Rd		City Warwick OR TITLE OF CONTACT PERS	State	73p
Contact Name	5 OF LIM	ILLED LIMBILITY C	OMPANT AND NAME	Contact Title	UN:	
Maggie F	eher	<u> </u>		Assistant S	ecreta	ry
Sinvi Addinss To	dea	reph Rd.		Bluenfield Hills m1 21948302		
7. NAME AND ADDR	ESS OF E	ACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA	LE	
ANY	MODIFI		BEFORE USING ATTAC AGERS REQUIRES FILI	HMENTS <i>("X" BOX FOR AT</i> ING OF AMENDMENT, R.I.G.L		
Munager Name Writed A	uto (-roup I	7C.M	Manuger Name		
Sireci Address 2555	eleg	roch Rd	,	Sirvet Address		
Bloomfieldt	HIS	tale M	48302	City	State	ZΨ
Manager Napp				Manager Name	•	05
Street Address				Sirret Address	•	S:EP
City	Se	ate	Z ір	City	State	ω ^{Zip}
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes r Agent Name CT CORPORATION SYSTEM				require filing of Form 642 - Address	R.1.G.L. 7-1€	AH 10: 0:
Address 10 WEYBOSSET STREET				City PROVIDENCE		Zip : 02903-
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	130019	
File Date	1028/05	
Check No	33702	
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 Authorized Person Date

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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Filing Period: Septei (FORM MUST BE TYPED	nber 1 - November 1 OR PRINTED IN BLACK)	• Filing Fee: \$50.	00				
1. H) No.		Exact name of the limited liability company					
130019	UAG West Bay II. LLC						
3. State of Formation		of the character of the bu	siness which is actually conducted	l in Rhode Island			
DELAWARE	duton	robile de	slexship				
5 Principal office address	legraph Rd.	-	Blowniela	14ills State	1/ ^{21p} 48302		
6. MAILING ADDRÉ	, .	ITY COMPANY AND	NAME OF TITLE OF COM	NTACT PERSON:	7 7 7 7 7 7		
Contact Name	LIMITED EIMINE	iii cominici and	Contact Title	· · ·			
Maggie -	Feher		Assistant				
Sireci address	ilearaph Rd		Playmbe 1	d tills m	48302		
7. NAME AND ADD	1 1	ER OF THE LIMITE	יי שייי <i>וייטיוע</i> י: ני צומע ארדו ווייטיונים או זי מ	F APPLICABLE	1 10 22 2		
7. NAME AND ADD		CES BEFORE USING		P AFFEICABLE IOX FOR ATTACHMENT	n 🗆		
AN			RES FILING OF AMENDMI				
Manager Name		_	Manager Name	:			
7/2	L			Autoget Paine			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
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Hanager Name			Manager Name	Manager Name			
itrovi Address			Name and discourse	S			
Inter Address			SINT AUUNS	Sircet Address			
Citi	State	Zip	: City	State	2/0		
City	Sinte	2.40	Cu'i.	Sitte	Zip		
8 RESIDENT AGEN	I T IN RHODE ISLAND	I DO NOT ALTER - CI	: hanges require filing of	 	16-11		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name			Address				
.,							
CT CORPORATION S	YSTEM						
Address			City		Zip		
10 WEYBOSSET STR	EET		PROVIDENCE	PROVIDENCE 02903-			
			•				

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		* 1 3 0 0 1 9 *
Tile Date _	9	13 04

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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.

Assistant Secretary