



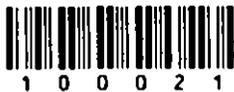
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100021		2. Exact name of the limited liability company FIRST BEACH, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE			
5. Principal office address P.O. BOX 360, 366 THAMES STREET 2ND FLOOR			City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DON MCCALL			Contact Title .		
Street Address 366 THAMES STREET - 2ND FLOOR			City NEWPORT	State RI	Zip 02840-
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 Jon E. Cohen			Manager Name .		
Street Address 366 THAMES STREET - 2ND FLOOR PO Box 360			Street Address .		
City Newport	State RI	Zip 02840	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 PATRICK O'N. HAYES, JR. ESQ.			Address 31 AMERICA'S CUP AVENUE		
Address .			City NEWPORT	Zip 02840	

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



1 0 0 0 2 1

100021 DLLC 09/13/05 10:32:46 AM

File Date 11/02/05

Check No. 11560

By: [Signature]

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] Date 11/1/05

Signature of Authorized Person Date

Jon E. Cohen

Print or Type Name of Authorized Person



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. 100021		2. Exact name of the limited liability company FIRST BEACH, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE			
5. Principal office address P.O. BOX 360, 366 THAMES STREET 2ND FLOOR			City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DON MCCALL			Contact Title		
Street Address 366 THAMES STREET - 2ND FLOOR			City NEWPORT	State RI	Zip 02840-
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 Jon E. Cohen			• Manager Name		
Street Address 366 Thames Street (PO Box 360)			• Street Address		
City Newport	State RI	Zip 02840	• 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 PATRICK O'N. HAYES, JR.			Address 31 AMERICA'S CUP AVENUE		
Address			City NEWPORT	Zip 02840	

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



1 0 0 0 2 1

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]
Signature of Authorized Person
Date 10/25/04
Jon E. Cohen
Print or Type Name of Authorized Person

100021 DLLC 09/29/04 09:58:46 AM
File Date 10/29/04
Check No. 1000088
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100021		2. Exact name of the limited liability company FIRST BEACH, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE			
5. Principal office address P.O. BOX 360, 366 THAMES STREET 2ND FLOOR			City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DON MCCALL			Contact Title CFO		
Street Address 366 THAMES STREET - 2ND FLOOR			City NEWPORT	State RI	Zip 02840
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 Jon Cohen			Manager Name		
Street Address P.O. Box 360, 366 THAMES ST			Street Address		
City NEWPORT	State RI	Zip 02840	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 PATRICK O'N. HAYES, JR.			Address 31 AMERICA'S CUP AVENUE		
Address			City NEWPORT	Zip 02840	

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



1 0 0 0 2 1

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: [Signature] Date: 11/5/03
Print or Type Name of Authorized Person: Jon Cohen

100021 DLLC 09/09/03 04:09:11 PM
File Date: 12/18/03
Check No.: 09808
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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. DUC100021		2. Exact name of the limited liability company First Beach, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to own and manage real estate	
5. Principal office address P.O. Box 360, 366 Thames St. 2nd floor		City Newport	State RI
		Zip 02840	
CONTACT INFORMATION OF CONTACT PERSONS			
Contact Name Don McCall		Contact Title Chief Financial Officer	
Street Address 366 Thames Street - 2nd floor		City Newport	State RI
		Zip 02840	
MANAGER INFORMATION			
Manager Name Jon Cohen		Manager Name Douglas Cohen	
Street Address 366 Thames St - 2nd floor		Street Address 366 Thames St - 2nd floor	
City Newport	State RI	City Newport	State RI
Zip 02840		Zip 02840	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
RESIDENT AGENT INFORMATION			
Agent Name Patrick O.W. Hayes, Jr.		Address	
Address Eg 31 America's Cup Avenue		City Newport, RI	Zip 02840

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

File Date	<u>11-1-02</u>
Check No.	<u>7917</u>
By:	<u>[Signature]</u>
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] 10/30/02
Signature of Authorized Person Date

M. Ann M. E.R.
Print or Type Name of Authorized Person

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 100021

Annual Report for the year 2001

1. The name of the limited liability company is:

FIRST BEACH, LLC

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

PO Box 360, 360 Thames St 2nd Floor, Newport, RI 02840

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: PATRICK O'N. HAYES, JR.

31 AMERICA'S CUP AVENUE NEWPORT RI 02840

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: PO Box 360, Newport RI 02840

ATTN: Jon Cohen

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

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

Jon Cohen

PO Box 360, 360 Thames St, 2nd Floor,
Newport, RI 02840

Dated 9/11/01

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 0 2 1

First Beach, LLC

Exact Name of Limited Liability Company

By _____

Principal

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-13-01

Check No.: 6500

By: [Signature]

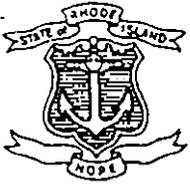
Form No. 632
Revised 01/99

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

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 LL 100021

Annual Report for the year 2000

1. The name of the limited liability company is:

FIRST BEACH, LLC

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

ONE BELLEVUE AVENUE, NEWPORT 02840

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: Patrick O'N. Hayes, Jr.

31 America's Cup Avenue, Newport, 02840

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: JON E. COHEN, ONE BELLEVUE AVENUE, NEWPORT 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own and manage real estate and all other lawful activities as defined in Chapter 7-16 of the RIGL

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

Name	Address
<u>Jon Cohen</u>	<u>3 Division Street Newport R.I.</u>
<u>Doug Cohen</u>	<u>" "</u>

Dated 10/30/00

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.

FIRST BEACH, LLC
Exact Name of Limited Liability Company

By

Member
Title

11/16
#5456
e

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 LL 100021

Annual Report for the year 1999

1. The name of the limited liability company is:

FIRST BEACH, LLC

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

ONE BELLEVUE AVENUE, NEWPORT 02840

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: Patrick O'N. Hayes, Jr.

31 America's Cup Avenue, Newport, 02840

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: JON E. COHEN, ONE BELLEVUE AVENUE, NEWPORT 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own and manage real estate and all other lawful activities as defined in Chapter 7-16 of the RIGL

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

Name

Address

Dated _____, 1999

*9-22-99
1889
AMF*

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.

FIRST BEACH, LLC

Exact Name of Limited Liability Company

By _____

Jon Cohen

Member

Title