



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 OR PRINTED IN BLACK)

1. ID No. 124421		2. Exact name of the limited liability company Sanbroek, LLC	
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 1 EASTFIELD DRIVE		City BEDFORD	State NY Zip 10506
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SANDRA VAN DEN BROEK		Contact Title MANAGER	
Street Address 1 EASTFIELD DRIVE		City BEDFORD	State NY Zip 10506
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 SANDRA VAN DEN BROEK		Manager Name	
Street Address 1 EASTFIELD DRIVE		Street Address	
City BEDFORD	State NY	Zip 10506	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 DAVID M. GILDEN, ESQ.		Address 180 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903

RECEIVED
CORPORATIONS DIVISION
05 SEP 30 PM 2:10

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



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124421 FLLC 09/13/05 10:21:59 AM

File Date 9/30/05

Check No. 130253

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] 9.23.05
Signature of Authorized Person Date

SANDRA VAN DEN BROEK
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 124421		2 Exact name of the limited liability company Sanbroek, LLC			
3 State of Formation NEW YORK		4 Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION, OWNERSHIP AND MANAGEMENT OF REAL ESTATE			
5 Principal office address 1 Eastfield Drive			City Bedford	State NY	Zip 10506
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sandra Van Den Broek			Contact Title Manager		
Street Address 1 Eastfield Drive			City Bedford	State NY	Zip 10506
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 Sandra Van Den Broek			Manager Name		
Street Address 1 Eastfield Drive			Street Address		
City Bedford	State NY	Zip 10506	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 DAVID M. GILDEN, ESQ.			Address Partridge Snow & Hahn LLP		
Address 180 SOUTH MAIN STREET			City PROVIDENCE	Zip 02903-	

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



* 1 2 4 4 2 1 *

File Date 10-8-04
Check No. 294
By AMF
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.

Sandra van den Broek
Signature of Authorized Person Date 10.6.04
Print or Type Name of Authorized Person



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

Mathew 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. 124421		2. Exact name of the limited liability company Sanbroek, LLC			
3. State of Formation NEW YORK		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquisition, ownership and management of real estate			
5. Principal office address 1 EASTFIELD DRIVE		City BEDFORD	State NY	Zip 10506-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SANDRA VAN DEN BROEK		Contact Title Manager			
Street Address 1 EASTFIELD DRIVE		City BEDFORD	State NY	Zip 10506-	
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 SANDRA VAN DEN BROEK		*Manager Name .			
Street Address 1 EASTFIELD DRIVE		*Street Address .			
City BEDFORD	State NY	Zip 10506	*City .		
*Manager Name .		*Street Address .			
Street Address .		*Street Address .			
City .	State .	Zip .	*City .		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID M. GILDEN, ESQ.		Address Partridge Snow & Hahn, LLP			
Address 180 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903-		

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



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File Date **FILED**

Check No. **NOV 13 2003**

By: *[Signature]* 207

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.

Sandra van den Broek 10/20/03
Signature of Authorized Person Date
SANDRA VAN DEN BROEK
Print or Type Name of Authorized Person