



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. 129422		2. Exact name of the limited liability company CTS Baldhill Road Real Estate, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT			
5. Principal office address 923 ROUTE 6A, UNIT-Y		City YARMOUTHPORT	State MA	Zip 02675	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHARLES G. BILEZIKIAN			Contact Title		
Street Address C/O MILL LANE MANAGEMENT, INC. 923 ROUTE 6A, UNIT Y		City YARMOUTHPORT	State MA	Zip 02675	
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 CHARLES G. BILEZIKIAN			Manager Name		
Street Address C/O MILL LANE MANAGEMENT, INC. 923 ROUTE 6A, UNIT Y		Street Address			
City YARMOUTHPORT	State MA	Zip 02675	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET 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.



129422

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.

File Date 12/28/05
 Check No. 7992
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] [Date]
 Signature of Authorized Person Date

Print or Type Name of Authorized Person



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129422		2. Exact name of the limited liability company CTS Baldhill Road Real Estate, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Principal office address c/o Mill Lane Management, Inc. 923 Route 6A, Unit Y		City Yarmouthport	State MA	Zip 02675	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charles G. Bilezikian			Contact Title		
Street Address c/o Mill Lane Management, Inc. 923 Route 6A, Unit Y		City Yarmouthport	State MA	Zip 02675	
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 Charles G. Bilezikian			Manager Name		
Street Address c/o Mill Lane Management, Inc. 923 Route 6A			Street Address		
City Yarmouthport	State MA	Zip 02675	City	State	Zip
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Street Address			Street Address		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 9 4 2 2 *

File Date	9/27/04
Check No.	6239
By:	DA
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.

Ronald T. Pfenning 9-24-04
Signature of Authorized Person Date
RONALD T. PFENNING
Print or Type Name of Authorized Person