



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. 129423		2. Exact name of the limited liability company CTS Capital Management, 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	City	State
	Zip 02675		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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.



129423

File Date	12/28/05
Check No.	7993
By:	B
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



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 129423		2. Exact name of the limited liability company CTS Capital Management, 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
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 042 - 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.



* 1 2 9 4 2 3 *

File Date	9/27/04
Check No.	6238
By:	PA
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.

X Ronald T. Pfennig 9.24.04
Signature of Authorized Person Date
RONALD T. PFENNIG
Print or Type Name of Authorized Person