

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 BIACK)						
	2. Exact name of the limited hability company CTS Capital Management, LLC					
	4. Brief description of the character of the histness which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT					
5 Principal office address 923 ROUTE 67 6. MAILING ADDRESS OF LIMITED LIABILI	YARM OUTHPORT	State M	9	02675		
Contact Name	II COMPANI AND NAME	•				
CHARLES G. BILEZIKIAN	Contact Title					
Sinet Address C/O MILL LANE MANAGEME	NT, INC.	Clty	State		Zip	
923 ROUTE 6A, UNIT Y		YARMOUTHPORT	M/	4	02675	
7. NAME AND ADDRESS OF EACH MANAGER OF THE ILMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name						
CHARLES G. BILEZIKIAN		<u> </u>				
Street Address C/O MILL LANE MANAGEMENT, INC. 923 ROUTE 6A. UNIT Y		Street Address				
City State YARMOUTHPORT MA	<i>Хір</i> 02675	City	State		Zip	
Munager Name		Manager Name				
Sirvet Address		Street Address				
City State	Zlp	Clty-	State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes of Agent Name CT CORPORATION SYSTEM		require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address 10 WEYBOSSET STREET	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	
	7993	_
By:	B	_
FC	OR SECRETARY OF STATE USE ONLY	,

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained herein/are true and correct.	
	Na.
	EXCERP)
Suppliere of Authorized PASOn	Daic



Agent Name

Address

CT CORPORATION SYSTEM

10 WEYBOSSET STREET

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Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No 2. Exact name of the limited liability company 129423 CTS Capital Management, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **DELAWARE** Real Estate Management 5. Principal office address City State Zip c/o Mill Lane Management, Inc. 923 Route 6A, Unit Y Yarmouthport 02675 MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Charles G. Bilezikian Street Address c/o Mill Lane Management, Inc. State 923 Route 6A, Unit Y Yarmouthport 02675 MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Charles G. Bilezikian Street Address c/o Mill Lane Management, Inc. Street Address 923 Route 6A Zip Cin State Ζip 02675 Yarmouthport Manager Name Manager Name Street Address Street Address City Nege Oth State i itp 8. RESIDENT AGENT IN RHODI. ISLAND - DO NOT ALTER - Changes require filling of Jorna 642 - R.I.G.L. 7-16-11

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Address

City

PROVIDENCE



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.

Zip

02903-

File Date	9/27/04	
Check No	6238	
Ву:	PA	
FOR SECRETARY OF STATE USE ONLY		

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x Ray 7. Mis	9.24-04
Signature of Authorized Person	Date
ROWALD T. PFE	ENNING
Print or Type Name of Authorized Person	