



**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. 104730		2. Exact name of the limited liability company MRSJ Partners LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 2845 Post Rd STE 213		City WARWICK	State RI
			Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mark Karnes		Contact Title Member	
Street Address 2845 Post Rd STE 213		City WARWICK	State RI
			Zip 02886
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 Mark Karnes		Manager Name	
Street Address 2845 Post Rd STE 213		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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 MARK KARNES		Address	
Address 2845 POST ROAD, SUITE 213		City WARWICK	Zip 02886

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



**FILED** 4730\*

File Date

SEP 01 2005

Check No.

By Mark Karnes

By:

FOR SECRETARY OF STATE USE

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.

Mark Karnes 8/30/05  
Signature of Authorized Person Date

Mark Karnes  
Print or Type Name of Authorized Person



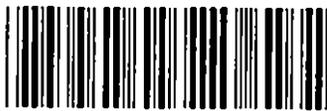
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2004

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Manager Name Mark Karnes		Manager Name		
Street Address 2845 Post Rd Suite 213		Street Address		
City Warwick	State RI	Zip 02886	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name MARK KARNES		Address		
Address 2845 POST ROAD, SUITE 213		City WARWICK	Zip 02886	

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



\* 1 0 4 7 3 0 \*

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 9/8/04  
Check No. 1356  
By: DA  
FOR SECRETARY OF STATE USE ONLY

Mark Karnes 9/7/04  
Signature of Authorized Person Date  
Mark Karnes Member  
Print or Type Name of Authorized Person



**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)

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Street Address 2845 Post Rd 213			City WARWICK	State RI	Zip 02886
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Manager Name Mark Karnes			Manager Name		
Street Address 2845 Post Rd Ste 213			Street Address		
City WARWICK	State RI	Zip 02886	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 MARK KARNES			Address		
Address 2845 POST ROAD, SUITE 213			City WARWICK	Zip 02886	

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



File Date 9/29/03  
Check No. 1140  
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.

Mark Karnes 9/25/03  
Signature of Authorized Person Date  
Mark Karnes member  
Print or Type Name of Authorized Person



**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. 104730		2. Exact name of the limited liability company MRSJ Partners LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 2845 Post Rd Suite 213		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Karnes			Contact Title Member		
Street Address 2845 Post Rd Suite 213		City Warwick	State RI	Zip 02886	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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 MARK KARNES			Address		
Address 2845 POST ROAD, SUITE 213		City WARWICK	Zip 02886		

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



\* 1 0 4 7 3 0 \*

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 9-18-02  
Check No. 861  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Mark Karnes 8/30/02  
Signature of Authorized Person Date

Mark Karnes, member  
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 104730

Annual Report for the year 2001

1. The name of the limited liability company is:

MRSJ Partners LLC

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

2845 Post Rd SUITE 213 WARWICK RI 02886

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: MARK KARNES

2845 POST ROAD, SUITE 213 WARWICK RI 02886

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: Mark KARNES Member 2845 Post Rd SUITE 213

WARWICK RI 02886

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

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

Name

Address

Dated 9/5/01

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.



MRSJ Partners LLC

Exact Name of Limited Liability Company

By Mark Karnes

Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-6-01</u>
Check No.:	<u>553</u>
By:	<u>[Signature]</u>

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  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 104730

Annual Report for the year 2000

1. The name of the limited liability company is:

MRSJ Partners LLC

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

2845 Post Rd Suite 213 Warwick RI 02886

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: MARK KARNES

2845 POST ROAD, SUITE 213 WARWICK RI 02886

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: 2845 Post Rd Suite 213 Warwick RI 02886

Mark Karnes

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

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

*Name*

*Address*

Dated 9/1/00



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.

MRSJ Partners LLC

*Exact Name of Limited Liability Company*

By Mark Karnes

Member

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 9-5-00  
Check No.: 352  
By: AMP