

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 TY	PED OR PI	RINTED IN BL	4 <i>CK</i>)				
1. ID No. 120536		t name of the li Partners II,	nited liabilry company LLC		-		
3. State of Formation		4. Brief descrip	otion of the character of the b	business which is actually conducted	in Rhode Island		_
RHODE ISLAN	ס	ACQUIRE,	OWN, OPERATE, MAI	NTAIN, LEASE, DEVELOP	& SELL PROPER	RTY	
5. Principal office add 17 LLOYD LAN		,		Cin. PROVIDENCE	State RI	Zip 02906	
6. MAILING AD Contact Name MURRAY S. DA			LIABILITY COMPAN	VY AND NAME OR TITLE Contact Title Manager	OF CONTACT F	PERSON:	_
Street Address				City	State	Zip	_
17 LLOYD LANI	E			. PROVIDENCE	RI	02906	
Manager Name		ODIFICATION	PACES BEFORE USING TO MANAGERS REQUIF	ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R •Manager Name	OR ATTACHMENT) L.I.G.L 7-16-12 (a) (
Murray S. Da:	nforth,	III		•			
Street Address				· Street Address			
17 Lloyd Lan	e			·			
Cin Providence		State RI	<i>Zip</i> 02906	City	State	Zip	
Manager Name	• • • • •			Manager Name			
Street Address				·Sircei Address			_
City		State	Zip	City	State	Zip	_
8. RESIDENT AGE	ENT IN RI	HODE ISLAN	D -DO NOT ALTER- Cha	anges require filing of Fo	orm 642 - R.I.G.I	7-16-11	
ANDREW W. D	AVIS, ES	Q.		101 DYER STREET	Г		
Address				City		Zıp	_
PROVIDENCE 02903					02903		

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



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<u> </u>	SEP 1 3 2005
В <u>у:</u>	n. () -/b
FOR SECRETA	ARBOY STATE UNE OF THE
	1 76844

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.

Murray S. Danforth, III Print or Type Name of Authorized Person

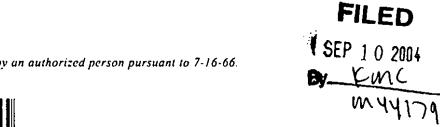


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I. ID No	2 Country of the lin	dead the biles assures			
120536	2. Exact name of the lim Turtle Partners II,				
3. State of Formation	4. Brief descrip	tion of the character of the E	business which is actually conducted	in Rhode Island	
RHODE ISLAND	ACQUIRE,	OWN, OPERATE, MAI	NTAIN, LEASE, DEVELOP	& SELL PROPERTY	
5. Principal office addres	15		City	State	Zip
17 LLOYD LANE			PROVIDENCE	RI	02906
	ESS OF LIMITED	LIABILITY COMPAN	NY AND NAME OR TITLE	OF CONTACT PER	SON:
Contact Name			Contact Title		
MURRAY S. DANF	ORTH, III		.Manager		
Street Address			City	State	Zip
17 LLOYD LANE			. PROVIDENCE	RI	02906
	FILL IN SE	PACES BEFORE USING	IMITED LIABILITY COMI ATTACHMENTS . ("X" BOX F RES FILING OF AMENDMENT. R	OR ATTACHMENT) 🔲	
Manager Name			•Manager Name		
Murray S. Danf	orth, III		•		
Street Address			Sirect Address		
17 Lloyd Lane			<u>. </u>		
City	State	Zip	*City	State	Zip
Providence	RI	02906	•]
Manager Name	• • • • • • • • • •	• • • • • • • • • • • •	Manager Name	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGEN	T IN RHODE ISLAN	D-DO NOT ALTER- Cha	anges require filing of Fo	orm 642 - R.I.GL. 7-	16-11
ANDREW W. DAV	'IS, ESQ.		101 DYER STREET	٢	
Address			City	Zi	p
			PROVIDENCE		2903
					. —

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FOR SECRETARY OF STATE USE ONLY	

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Murray S. Danforth, Ill



Matthew A. Brown, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	ED OR PRINTED IN BL				
1. ID No. 120536	2. Exact name of the lin Turtle Partners II,			·	
3. State of Formation	4. Brief descrip	tion of the character of the i	business which is actually conducted	in Rhode Island	
RHODE ISLAND	Acquire,	own, operate, mai	ntain, manage, lease,	develop and s	ell property
5. Principal office addr	755		City	State	Zip
17 LLOYD LANE	•		PROVIDENCE	RI	02906-
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR LITTLE	OF CONTACT P	ERSON:
Contact Name			Contact Title		
Murray S. Dan	forth, III		.Manager		
Street Address		- 	City	State	Zip
17 LLOYD LANE			. PROVIDENCE	RI	02906-
7. NAME AND AD	FILL IN S	PACES BEFORE USING	IMITED LIABILITY COMP AITACHMENTS (*X"BOX F RES FILING OF AMENDMENT, R	OR ATTACIIMENT)	
Manager Name			· Manager Name		
Murray S. Dan	forth, III		•		
Street Address			*Street Address	- <u></u>	
17 Lloyd Lane			•		
City	State	Zip	*City	State	Zip
Providence	RI	02906	•	1	
Manager Name	• • • • • • • • • • •	• • • • • • • • • • •	Manager Name		
Street Address			*Street Address		
City	State	Zip	City	State	Zip
•		'	•	ì	·
8. RESIDENT AGE	NT IN RHODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of Fo	rm 642 - R.I.G.L	. 7-16-11
Agent Name			Address	•	
ANDREW W. DA	VIS, ESQ.		101 DYER STREET	r	
Address			City		Zip
			PROVIDENCE		02903-
			•		·

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



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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.

Murin Signature of Authorized Person Date

Murray S. Danforth, III
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TY	PED OR PRINTED IN BL	ACK)				
1. ID No. *120536*	2. Exact name of the li Turtle Partners II,	, , ,			-	
3. State of Formation	4. Brief descri	ption of the character of the	business which is actually conducted	in Rhode Island		
RHODE ISLAND	Acquire,	own, operate, mai	Intain, manage, lease,	develop and	sell propert	У
5. Principal office add	lress .		Cir.	State	Zip	
17 HALSEY ST	REET		PROVIDENCE	RI	0:	2906-
6. MAILING ADI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:	
Contact Name			Contact Title			
Murray S. Da	nforth, III		.Mgr			
Street Address			City	State	Zip	
17 Halsey Str	reet		.Providence	RI		2906
ANY MODIFICATIONS TO MANAGERS REQUIR Manager Name Murray S. Danforth, III Street Address			•Manager Name • • • Street Address			
17 Halsey St	reet		•			
City	State	Zip	*City	State	Zip	
Providence	RI	02906	•			
Manager Name	• • • • • • • • • • • • • • • • • • • •		*Manager Name	• • • • • • •	• • • • • • • • •	• • • • • •
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		'	•		'	
8. RESIDENT AGE	NT IN RHODE ISLAN	D DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.G	1., 7-16-11	
lgent Name	· · · · · · · · · · · · · · · · · · ·		Address		-	
ANDREW W. DA	VIS, ESQ.		101 DYER STREET	•		
Address			City		Zip	
			PROVIDENCE	PROVIDENCE 02903-		
			- <u></u>			

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By:	MA	
FOR SECRE	ETARY 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.

Murray S. Danforth, III Print or Type Name of Authorized Person