



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 118442		2. Exact name of the limited liability company Jupiter Property Management, LLC			
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE COMPANY.			
5. Principal office address 11401 ROOSEVELT BOULEVARD			City PHILADELPHIA	State PA	Zip 19154
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH O. GIBBS			Contact Title TAX MANAGER		
Street Address 11401 ROOSEVELT BOULEVARD			City PHILADELPHIA	State PA	Zip 19154
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 TOM BLAIS			Address		
Address 185 TORONTO AVENUE			City PROVIDENCE	Zip 02905-	

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



File Date	10-31-05	118442*
Check No.	1783	
By:	JP	
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.

Joseph S. Huntowski **10/27/05**
 Signature of Authorized Person Date
JOSEPH S. HUNTOWSKI
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118442		2. Exact name of the limited liability company Jupiter Property Management, LLC			
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE COMPANY.			
5. Principal office address 11401 Roosevelt Blvd.		City Phila.	State Pa.	Zip 19154	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Carmen D. Casarella			Contact Title Vice President		
Street Address 11401 ROOSEVELT BLVD.		City Phila.	State Pa.	Zip 19154	
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					
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 TOM PLAIS			Address		
Address 185 TORONTO AVENUE		City PROVIDENCE	Zip 02905-		

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



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 11/24/04
Check No. 1701
By: W.
FOR SECRETARY OF STATE USE ONLY

Carmen D. Casarella 9/30/04
Signature of Authorized Person Date
Carmen D. Casarella
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118442		2. Exact name of the limited liability company Jupiter Property Management, LLC	
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE COMPANY	
5. Principal office address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA Zip 19154
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH O GIBBS		Contact Title TAX MANAGER	
Street Address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA Zip 19154
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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name TOM BLAIS		Address	
Address 185 TORONTO AVENUE		City PROVIDENCE	Zip 02905

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



1 1 8 4 4 2

118442 FLLC, 10/25/04 08:58:38 AM

File Date 10/29/04

Check No. 1707

By: JS

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.

Joseph S. Huntowski 10/26/04
Signature of Authorized Person Date
JOSEPH S. HUNTOWSKI
Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118442		2. Exact name of the limited liability company JUPITER PROPERTY MANAGEMENT LLC	
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE COMPANY	
5. Principal office address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA
		Zip 19154	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH O. GIBBS		Contact Title TAX MANAGER	
Street Address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA
		Zip 19154	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name TOM BLAIS		Address	
Address 185 TORONTO AVENUE		City PROVIDENCE	Zip 02905

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

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.

Joseph S. Huntowski 10/27/03
Signature of Authorized Person Date
JOSEPH S. HUNTOWSKI
Print or Type Name of Authorized Person

File Date	10/30/03
Check No.	1620
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	



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. 118442		2. Exact name of the limited liability company Jupiter Property Management, LLC			
3. State of Formation PENNSYLVANIA		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE COMPANY			
5. Principal office address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA	Zip 19154	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHANIE GUGGENHEIM			Contact Title TAX ANALYST		
Street Address 11401 ROOSEVELT BOULEVARD		City PHILADELPHIA	State PA	Zip 19154	
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 N/A		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 TOM BLAIS		Address			
Address 185 TORONTO AVENUE		City PROVIDENCE	Zip 02905-		

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



* 1 1 8 4 4 2 *

File Date 10-30-02
Check No. 1452
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.

[Signature] 10/28/02
Signature of Authorized Person Date
JOSEPH S. HUNTOWSKI
Print or Type Name of Authorized Person