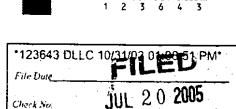


Matthew A. Brown, Secretory of State Corporations Division 160 North Main Street, Providence, RI 92903-1335 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (<u>FORM MUST BE TYP</u>ED OR PRINTED IN BLACK) I ID No 2 Exact name of the lunited liability company 123643 BJDREE, LLC 3. State of Formation 4. Brief description of the character of the hismess which is actually conducted in Rhode Island RHODE ISLAND Purchase, sale, rental and management of real and personal property. 5. Principal affice address Cin 121 South Main Street, Providence, RI 029 PROVIDENCE RI 02903mani duradores del diu en l'abrat è conpany and exame de title of contact persono Contact Tale Contact Name Barbara J. Donglass Manager Street Address State RI 486 Cole Avenue Providence 02906 t name and andréss de bach masager de pric Linux d'Elanteit à company de réflé ablif Manager Name · Manager Name Andrew Ian Douglass Barbara J. Douglass Sirvei Address Street Address 486 Cole Avenue 486 Cole Avenue State Providence 02906 02906 RI Providence RI Manager Name Manager Name Street Address ·Sireet Address City State Zip State Zip & RESIDENT AGENT IN HILODE ISLAND DO NOT ALTER, Changes require illing of Form 642 RLIGI PATRICK A. GUIDA, ESQ. 10 WEYBOSSET STREET, 10TH FLOOR Address Cirv PROVIDENCE 02903-

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



Check No.

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 s contained herein are true and correct.

Signature of Authorized Person

Dute

Andrew Ian Douglass

Print or Type Name of Authorized Person

Form 632 Rev 6/02



Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RL 02903-1335. 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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1 ID No.		name of the limited liability company				
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Barbara J. Doug	glass			Manager		
Street Address 486 Cole Aven	ue			Cin Providence	State RI	Zφ 02906
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Street Address 486 Cole Avenu	ıe			* Street Address 486 Cole Avenue		
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PATRICK A. GU	IDA, ES	Q.		10 WEYBOSSET S	TREET, 10TH F	LOOR
Address			City	City		
			PROVIDENCE	PROVIDENCE		

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



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Under penalty of perju	irf, Vdeclare and affirm that I have examined
this report, incliding	my accompanying schedules and statements,
and that all statements	contained herein are true and correct.
19	HUN/
Signature of Authorized	Person Date
Andrew Ian Dou	glass
Print or Time Name of 4	uthavizoit Person



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: Septe	mber I -	November 1 •		L REPORT FO	K THE Y	EAR <u>-</u>	
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3. State of Formation		4. Brief description of	the character of the busines	s which is actually conducted	in Rhode Island		
RHODE ISLAND		Real Estate					
5. Principal office addre 486 COLE AVEN				City PROVIDENCE	State RI		<i>Zip</i> 02906
6. MAILING ADDI Contact Name Barbara J.			ILITY COMPANY A	ND NAME OR TITLE Contact Title .Manager	OF CONTACT	PERSON:	
Street Address 486 Cole Avenu	ıe	<u>-</u>		City .Providence	State RI		<i>Zip</i> 02906
7. NAME AND ADI	:	FILL IN SPACES	BEFORE USING ATTA	TED LIABILITY COMICHMENTS ("X" BOX F	OR ATTACHMENT	າ⊡ ~	-'
Manager Name		· - 	<u></u>	• Manager Name		• • • • • • • • • • • • • • • • • • • •	
Barbara J. Do	aaslgu			Andrew I. Doug!	lass		
Street Address				*Street Address			
486 Cole Aveni	ue			.486 Cole Avenue	•		
Ciry		State	Zip	*City	State		Zip
Providence		RI	02906	Providence	RI		02906
Manager Name				*Manager Name	!	• • • • • •	J
Street Address				Street Address			
City		State	Zip	City	State	_	Zip
8. RESIDENT AGEN	YT IN RE	ODE ISLAND -DO	NOT ALTER- Change	s require filing of Fo	orm 642 - R.I.G.	L. 7-16-11	
Agent Nume		· · · · · · · · · · · · · · · · · · ·		Address			
PATRICK A. GUII	DA, ES	a.		10 WEYBOSSET ST	TREET, 10TH	FLOOR	
Address				City		Zip	· -
				PROVIDENCE	PROVIDENCE 029		

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



	TE CENTED AM.
File Date Check No.	FEB 05 2004,0 02
By:	BY
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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.

Bahace 1 Douglas 1/11/01, Signature of Authorized Person

Print or Type Name of Authorized Person