



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. 129653		2. Exact name of the limited liability company VANDERBILT CHAMPIONS REALTY, LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 210 OLD AIRPORT ROAD		City MIDDLETOWN	State RI
			Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS PERKINS		Contact Title	
Street Address 210 OLD AIRPORT ROAD		City MIDDLETOWN	State RI
			Zip 02842
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 MICHAEL TOPPA		Manager Name	
Street Address 810 S.E. 7TH STREET		Street Address	
City FT. LAUDERDALE	State FLA	Zip 33301	
Manager Name		Manager Name	
Street Address		Street Address	
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 THOMAS PERKINS		Address	
Address 210 OLD AIRPORT ROAD		City MIDDLETOWN	Zip 02842

RECEIVED
 NOV 21 PM 3:48
 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIVISION

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.

Thomas Perkins 11/18/05
Signature of Authorized Person Date

THOMAS PERKINS
Print or Type Name of Authorized Person

FILED

File Date: _____
Check No.: NOV 21 2005
By: M 83157
FOR SECRETARY OF STATE USE ONLY



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

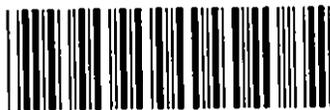
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

1. ID No. 129653		2. Exact name of the limited liability company Vanderbilt Champions Realty, 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 210 OLD AIRPORT ROAD		City MIDDLETOWN	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS PERKINS			Contact Title		
Street Address 210 OLD AIRPORT ROAD		City MIDDLETOWN	State RI	Zip 02842	
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 MICHAEL TOPPA			Manager Name		
Street Address 810 S.E. 7TH STREET			Street Address		
City FT. LAUDERDALE	State FLA	Zip 33301	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 THOMAS PERKINS			Address		
Address 210 OLD AIRPORT ROAD			City MIDDLETOWN	Zip 02842	

05 NOV 21 PM 3:48
SECRETARY OF STATE
CORPORATIONS DIV

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



* 1 2 9 6 5 3 *

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.

FILED
File Date **NOV 21 2005**
Check No. _____
By: **M 83157**
FOR SECRETARY OF STATE USE ONLY **COM**

THOMAS PERKINS 10/12/05
Signature of Authorized Person Date
THOMAS PERKINS
Print or Type Name of Authorized Person