



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. 111755		2. Exact name of the limited liability company FLEETWOOD MANAGEMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE RESIDENTIAL & COMMERCIAL REAL ESTATE	
5. Principal office address 196 Airport Road		City Warwick	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ryan H. Taylor		Contact Title Manager	
Street Address 196 Airport Road		City Warwick	State RI
		Zip 02889	
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 Ryan H. Taylor		Manager Name	
Street Address 196 Airport Road		Street Address	
City Warwick	State RI	City	State
Zip 02889		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 SIDNEY W. PAULL		Address	
Address 109 AIRPORT ROAD		City WARWICK	Zip 02889

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



111755	
File Date	FILED
Check No.	OCT 27 2005
By:	By: 80713
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 of Authorized Person Date 10/24/05
Ryan H. Taylor
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
401.222.3040LIMITED 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 111755		2. Exact name of the limited liability company FLEETWOOD MANAGEMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE RESIDENTIAL & COMMERCIAL REAL ESTATE	
5. Principal office address 196 Airport Road		City Warwick	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ryan H. Taylor		Contact Title Manager	
Street Address 196 Airport Road		City Warwick.	State RI
		Zip 02889	
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 Ryan H. Taylor		Manager Name	
Street Address 196 Airport Road		Street Address	
City Warwick	State RI	City	State
Zip 02889		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 SIDNEY W. PAULI		Address	
Address 109 AIRPORT ROAD		City WARWICK	Zip 02889-

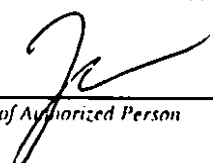
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 1 7 5 5 *

File Date	9/29/04
Check No.	7856
By:	DA
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 of Authorized Person  Date **9/28/04**

Ryan H. Taylor
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 3640

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. 111755		2. Exact name of the limited liability company FLEETWOOD MANAGEMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE RESIDENTIAL & COMMERCIAL REAL ESTATE	
5. Principal office address 196 Airport Road		City Warwick	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ryan H. Taylor		Contact Title Manager	
Street Address 196 Airport Road		City Warwick	State RI
		Zip 02889	
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 Ryan H. Taylor		Manager Name	
Street Address 196 Airport Road		Street Address	
City Warwick	State RI	City	State
Zip 02889		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 SIDNEY W. PAULL		Address	
Address 109 AIRPORT ROAD		City WARWICK	Zip 02889

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



* 1 1 1 7 5 5 *

File Date	10.31.03
Check No	7572
By	2
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 of Authorized Person **Ryan H. Taylor** Date **10/27/03**
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. 111755		2. Exact name of the limited liability company FLEETWOOD MANAGEMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE RESIDENTIAL & COMMERCIAL REAL ESTATE	
5. Principal office address 158 MEDWAY STREET		City PROVIDENCE	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RYAN TAYLOR		Contact Title MANAGER	
Street Address 196 AIRPORT ROAD		City WARWICK	State RI
		Zip 02889	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name RYAN TAYLOR		Manager Name	
Street Address 196 AIRPORT ROAD		Street Address	
City WARWICK	State RI	City	State
Zip 02889		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 SIDNEY W. PAULL		Address	
Address 109 AIRPORT ROAD		City WARWICK	Zip 02889

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



* 1 1 1 7 5 5 *

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 10/22/2002

Check No. 7290

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

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 DLIC 111755

Annual Report for the year 2001

1. The name of the limited liability company is:

FLEETWOOD MANAGEMENT, LLC

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

196 Airport Road, Warwick, RI 02889

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: SIDNEY W. PAULL

109 AIRPORT ROAD WARWICK RI 02889-

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: Ryan H. Taylor

196 Airport Road, Warwick, RI 02889

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Management of residential and commercial real estate

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

Name

Address

Ryan H. Taylor

196 Airport Road, Warwick, RI. 02889

Dated October 11, 2001



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.

FLEETWOOD MANAGEMENT, LLC

Exact Name of Limited Liability Company

By

Manager

Title

FOR SECRETARY'S USE ONLY
File Date: **FILED**

Check No.: OCT 12 2001

By: By 107032

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 obtained by contacting this office at 401-222-3040 or from our web site at www.state.ri.us