

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 T						
1. ID No. 2. Exact name of the limited liability company S-BNK Kingstown, LLC						
3. State of Formation	4. Br	of description of	the character of the his	siness which is actually canducted in	Rhode Island	
Delaware	Ow	ns Commerc	ial Real Estate	•		
5. Principal office ad	ldress	· · · · · ·	<del></del>	City	State	Ziρ
3234 Rivery	view Lane			Daytona Beach	Florida	32118
Contact Name	DRESS OF LI	•	ILITY COMPANY	Contact Title  Manager	F CONTACT PERS	ON:
Street Address				City	State	Zip
32	34 Rivervi	≧w Lane		.Daytona Beach	Florida	32118
fanager Name JO		CATIONS TO M		TTACHMENTS (*X**BÖX FOR S FILING OF AMENDMENT, R.L. •Monager Name		16-52
ireet Address	Geravar			* Street Address	<del></del>	<del>,</del>
	4 Rivervie	w Lane		•		
City	State		Zip	•Ciţ·	Stote	Zip
Daytona Bea	ch Fl	orida	32118			1
				*Manager Name		
Munager Name				•		
				Street Address	· · · · · · · · · · · · · · · · · · ·	
Sreet Address	State		Zip	• "	State	Zip
Sirvet Address  Thy  R. RESIDENT AG		ISLAND -00		Sirvet Addiress City  Liges require filing of Fon		
Sirvet Address  Tity  B. RESIDENT AGI  gent Name		ISLAND -00		*Street Address		
gent Name	ENT IN RHODE	ISLAÑD -ØÓ		Sirvet Addiress City  Liges require filing of Fon		

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

	#
File Date	9/15/05
Check No.	1/3058
B <sub>V</sub> : FOR SECRETA	LRY 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.

| Companyer of Authorized Person | Date |

John Seravalli

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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 ID No. 2. Exact name of the limited liability company 113058 S-BNK Kingstown, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode island **OWNS COMMERCIAL REAL ESTATE DELAWARE** 5 Principal office address City 3234 Riverview Lane Florida 32118 Daytona Beach 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Manager <u>John Seravalli</u> Sinvi Addness 3234 Riverview Lane Florida 32118 Daytona Beach 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 Manager Name John Seravalli Street Address Street Address 3234 Riverview Lane City State  $Z\Phi$ Daytona Beach Florida 32118 Manager Name Manager Name Street Address Street Address City 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 Arent Name Addness **SUZANNE DUCHARME** Address City Z.(p) **85 AVENUE B** WOONSOCKET 02895-

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



File Date	. 9/2	3/04	
Check No	•	96	
Ву:	D.A	<u> </u>	<del></del>
	FOR SECRETARY OF	STATE USE ONL	Y

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.

Holie Helewall 9-14-04
Inguature of Authorized Person Date

John Seravalli

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

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L. ID No.	2. Exac	TED IN BIACK) t name of the limited liability company				
113058		S-BNK Kingstown, LLC				
3. State of Formatio	<del>।</del> ਮ	4. Brief description of t	be character of the business	which is actually conducted in Rhode Isla	ind	
DELAWARE		OWNS COMMERC	CIAL REAL ESTATE			
5. Principal office a	ddress			Clty	State	Zip
	3234 Ri	iverview La	ne	Daytona Beach	Florida	32118
6. MAILING AD	DRESS OF I	LIMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PER	RSON:	
Contact Name	John Se	eravalli		Contact Title Manager		
Street Address				City	State	Zip
	3234 Ri	iverview La	ne	Daytona Beach	Florida	32118
			•	FILING OF AMENDMENT, R.I.G		
Manager Name			•	:		
		eravalli		Manager Name		
Manager Name Street Address	John Se		ne	:		
Street Address City	John Se	eravalli iverview Lan	ne	Manager Name	State	Zip
Since Address Clip Daytona	John Se	eravalli iverview La	ne	Manager Name Sirvet Address Gity		
Street Address City	John Se	eravalli iverview Lan	ne	Manager Name Street Address		
Street Address City Daytona Manager Name	John Se	eravalli iverview Lan	ne	Manager Name Sirvet Address Gity		
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Street Address  City Daytona  Manager Name  Street Address  City  8. RESIDENT A	John Se 3234 Ri Beach	eravalli iverview Lan State Florida	ne	Manager Name  Sirvet Address  Gity  Manager Name  Sirvet Address	State State	Zip
Street Address  City  Daytona  Manager Name  Street Address  City	John Se 3234 Ri Beach	eravalli iverview Lan State Florida	ne	Manager Name  Street Address  City  Manager Name  Street Address  City  City  ges require filing of Form 642	State State	Zip

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

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File Date	9-	17	- 03	,		
Check No		170	9			
		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.

folie feewall.

9-12-03

John Seravalli

Print or Type Name of Authorized Person



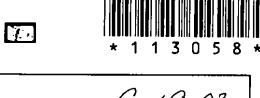
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

DELAWARE  5. Principal office address 3234 Riverview La 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name  John Seravalli  Street Address 3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF	City Dayt  City Dayt  TY COMPANY AND NAM  Contact  City Dayt  City Dayt  Contact  City Dayt  Contact  City Dayt  Contact  City Dayt  DAY  Contact  City Dayt	Cona Beach  Title  Mana  Cona Beach  LITY COMPA:  S ("X" BOX I  AMENDMENT. R	h Flor:  OF CONTACT  ager  State Flor: NY, IF APPLIC	PERSON:  ida   Zip   32118  ABLE
3. State of Formation DELAWARE  5. Principal office address 3234 Riverview La 6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name John Seravalli  Street Address 3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORMANY MODIFICATIONS TO MANAGEMENT AND Manager Name  John Seravalli  Street Address	City Dayt  TY COMPANY AND NAM  Contact  City Dayt  City Dayt  Payt  City Dayt  City Dayt  And Contact  City Dayt  Manage	Cona Beach  Title  Mana  Cona Beach  LITY COMPA:  S ("X" BOX I  AMENDMENT. R	h Flor:  OF CONTACT  ager  State Flor: NY, IF APPLIC	ida 32118  PERSON:  ida 32118  ABLE  VI
DELAWARE  5. Principal office address  3234 Riverview La  6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name  John Seravalli  Street Address  3234 Riverview Lane  7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM ANY MODIFICATIONS TO MANAGE Manager Name  John Seravalli  Street Address	City Dayt  TY COMPANY AND NAM  Contact  City Dayt  City Dayt  Payt  City Dayt  City Dayt  And Contact  City Dayt  Manage	Cona Beach  Title  Mana  Cona Beach  LITY COMPA:  S ("X" BOX I  AMENDMENT. R	h Flor:  OF CONTACT  ager  State Flor: NY, IF APPLIC	ida 32118  PERSON:  ida 32118  ABLE  VI
3234 Riverview La  6. MAILING ADDRESS OF LIMITED LIABILIT Contact Name  John Seravalli  Street Address  3234 Riverview Lane  7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM ANY MODIFICATIONS TO MANAGE Manager Name  John Seravalli  Street Address	Dayt  TY COMPANY AND NAM  Contact  City Dayt  DEFTHE LIMITED LIABI  ORE USING ATTACHMENT  GERS REQUIRES FILING OF  Manage  Manage	Mana Cona Beach LITY COMPAN S ("X" BOX I AMENDMENT. R	of CONTACT ager  State Flor: NY, IF APPLIC	ida 32118  PERSON:  ida 32118  ABLE  VI
6. MAILING ADDRESS OF LIMITED LIABILITY Contact Name  John Seravalli  Street Address  3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM ANY MODIFICATIONS TO MANAGEMENT Name  John Seravalli  Street Address	City DE THE LIMITED LIABI ORE USING ATTACHMENT GERS REQUIRES FILING OF  Manage	Mana Cona Beach LITY COMPAN S ("X" BOX I AMENDMENT. R	OF CONTACT  ager  State Flor: NY, IF APPLIC	PERSON:  ida   Zip   32118  ABLE
John Seravalli  Street Address  3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM MODIFICATIONS TO MANAGEMENT AND Manager Name  John Seravalli  Street Address	Contact City Dayt PETHE LIMITED LIABI ORE USING ATTACHMENT GERS REQUIRES FILING OF Manage	Mana Cona Beach LITY COMPA S ("X" BOX I AMENDMENT. R	ager  State Flor: NY, IF APPLIC	ida 32118 ABLE Vr□
John Seravalli  Street Address  3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM MODIFICATIONS TO MANAGEM Manager Name  John Seravalli  Street Address	City Dayt DETHE LIMITED LIABI DRE USING ATTACHMENT GERS REQUIRES FILING OF  *Manage*	Mana cona Beach LITY COMPA: S ("X" BOX I AMENDMENT. R	h State Flor: NY, IF APPLIC	ida 32118 ABLE V7□
3234 Riverview Lane 7. NAME AND ADDRESS OF EACH MANAGER OF FILL IN SPACES BEFORM MODIFICATIONS TO MANAGEM Manager Name  John Seravalli  Street Address	Dayt DETHE LIMITED LIABI DRE USING ATTACHMENT GERS REQUIRES FILING OF  Manage	LITY COMPA: S ("X" BOX I AMENDMENT. R r Nume	h Flor: NY, IF APPLIC FOR ATTACHMEN	ida 32118 ABLE V7□
FILL IN SPACES BEFO ANY MODIFICATIONS TO MANAC John Seravalli	DRE USING ATTACHMENT SERS REQUIRES FILING OF Manage	S ("X" BOX I AMENDMENT. R r Numc	FOR ATTACHMEN	<b>∨</b> π□
John Seravalli Street Address	<u> </u>			
Street Address	*Street Ac	1dress	<u> </u>	
	*Street Ac	ldress		
3234 Divorviou Lano				
	•		_	
City State Zip	City		State	Zip
Daytona Beach   Florida   3	2118	Name		
Sirvet Address	Street Ad	dress		
City State Zip	.City		State	Zip
B. RESIDENT AGENT IN RHODE ISLAND -DO NOT	ALTER- Changes requir	e filing of Fo	rm 642 - R.I.G.	L. 7-16-11
gent Name	Address			
SUZANNE DUCHARME				
Address	City			Zip
85 AVENUE B	woons	OCKET		02895-

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



<u>.</u>		this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date	9-19.02	Police Serverelle Garage
Check No	1408	Jolie Seasall 9-10 Fignature of Authorized Person Dute
В <u>у:</u>	2	John Seravalli
FOR SECRETARY	OF STATE USE ONLY	Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined

(E) (1



ID Number FLLC 113058

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS land 02903-1335

Annual Report for the year 2001

LIMITED LIABILITY COMPA
Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Is Telephone (401) 222-3040

1.	The name of the limited liability company is:
	S-BNK Kingstown, LLC
2.	The address of the principal office of the limited liability company is:
	3234 Riverview Lane, Daytona Beach, FL 32118
3.	The state or other jurisdiction under the laws of which it is formed is DELAWARE
4.	The name and address of its resident agent is: SUZANNE DUCHARME
	85 AVENUE B WOONSOCKET RI 02895-
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: 3234 Riverview Lane, Daytona Beach, FL 32118
	c/o John Seravalli
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this
	state: owns 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
	· · · · · · · · · · · · · · · · · · ·
	John Seravalli c/o The Barchester Corporation
	3234 Riverview Lane, Daytona Beach, FL 32118

Dated September 1, 2001



FOR SECRETA File Date:	RY OF STATE USE ONLY 9-4-0
Check No.:	15645
By:	<u> </u>

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.

S-BNK Kingstown, LLC

Exact Name of Limited Liability Company

Manager

Title

Form No 632 Revised 01/99