



**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. <b>113059</b>		2. Exact name of the limited liability company <b>S-BNK Cumberland, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>310 Broad Street</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Jeffrey Price</b>			Contact Title <b>Controller</b>		
Street Address <b>340 Royal Poinciana Way #305</b>		City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	
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 <b>Sidney Kohl</b>			Manager Name		
Street Address <b>340 Royal Poinciana Way #305</b>			Street Address		
City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	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 <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

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



\*113059\*

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 9/12/05  
Check No. 20001553  
By: DA  
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/10/2005  
Signature of Authorized Person Date  
**Jeffrey Price, Controller**  
Print or Type Name of Authorized Person



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3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>310 Broad Street</b>		City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Nanette Winzell</b>			Contact Title <b>Controller</b>		
Street Address <b>340 Royal Poinciana Way #305</b>		City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	
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 <b>Sidney Kohl</b>			Manager Name		
Street Address <b>340 Royal Poinciana Way #305</b>			Street Address		
City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	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 <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>		

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



\* 1 1 3 0 5 9 \*

File Date 9/17/04  
Check No. 20001272  
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.

Nanette Winzell 9/14/2004  
Signature of Authorized Person Date  
**Nanette Winzell, Controller**  
Print or Type Name of Authorized Person



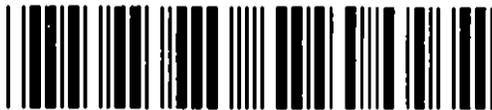
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 113059		2. Exact name of the limited liability company S-BNK Cumberland, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 310 BROAD STREET		City CUMBERLAND	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NANETTE WINZELL			Contact Title CONTROLLER		
Street Address 340 ROYAL POINCIANA WAY #305		City PALM BEACH	State FL	Zip 33480	
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 SIDNEY KOHL			Manager Name		
Street Address 340 ROYAL POINCIANA WAY #305		Street Address			
City PALM BEACH	State FL	Zip 33480	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 CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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



\* 1 1 3 0 5 9 \*

File Date 9-12-03  
Check No. 20001014  
By: de  
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.

Nanette Winzell 9 Sept. 2003  
Signature of Authorized Person Date  
NANETTE WINZELL, CONTROLLER  
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. 113059		2. Exact name of the limited liability company S-BNK Cumberland, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 310 BROAD STREET		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NANETTE NORTON		Contact Title CONTROLLER	
Street Address 340 ROYAL POINCIANA WAY, SUITE 305		City PALM BEACH	State FL
		Zip 33480	
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 SIDNEY KOHL		Manager Name	
Street Address 340 ROYAL POINCIANA WAY, SUITE 305		Street Address	
City PALM BEACH	State FL	Zip 33480	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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

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



\* 1 1 3 0 5 9 \*

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 9-13-02  
Check No. 200000765  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Nanette Norton 9 Sept. 2002  
Signature of Authorized Person Date  
NANETTE NORTON, CONTROLLER  
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 FLLC 113059

Annual Report for the year 2001

1. The name of the limited liability company is:

S-BNK Cumberland, LLC

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

8411 Preston Road suite 850 DALLAS TX 75225

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: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903-

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: 8411 PRESTON ROAD suite 850

DALLAS TX 75225

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE

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

Name

Address

Dated 9-11-01

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.



1 1 3 0 5 9

S-BNK - Cumberland, LLC  
Exact Name of Limited Liability Company

By M. Scott Kipp  
VP of GP of Single member  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-24-01</u>
Check No.:	<u>1161</u>
By:	<u>[Signature]</u>

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