



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 128669		2. Exact name of the limited liability company Marcus Real Estate Holdings, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, OPERATING, LEASING, SELLING, BUYING AND OTHERWISE DEALING IN REAL ESTATE.	
5. Principal office address 100 MIDWAY ROAD, SUITE 19		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name CHRISTINE MARCUS		Contact Title	
Street Address 100 MIDWAY ROAD		City CRANSTON	State RI
		Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENTS) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12 (d) (2) - 7-16-52)			
Manager Name none		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	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 KAREN G. DELPONTE, ESQ.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903

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



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128669 DLLC 09/17/04 01:50:44 PM

File Date 9/30/05

Check No. 5669

By: [Signature]

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.

Christine Marcus 9/14/05
Signature of Authorized Person Date

CHRISTINE MARCUS
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 BLACK)

1. ID No. 128669		2. Exact name of the limited liability company Marcus Real Estate Holdings, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, OPERATING, LEASING, SELLING, BUYING AND OTHERWISE DEALING IN REAL ESTATE.	
5. Principal office address 100 MIDWAY ROAD, SUITE 19		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHRISTINE MARCUS		Contact Title .	
Street Address 100 MIDWAY ROAD		City CRANSTON	State RI
		Zip 02920-	
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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KAREN G. DELPONTE, ESQ.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903-

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



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File Date

FILED

Check No.

OCT 13 2004

By

By

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.

Christine Marcus

Signature of Authorized Person

Date

10/6/04

CHRISTINE MARCUS

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
160 North Main Street, Providence, RI 02903-1335
401 222-3042

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. 128669		2 Exact name of the limited liability company Marcus Real Estate Holdings, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island owning, operating, leasing, selling, buying and otherwise dealing in real estate	
5 Principal office address 100 Midway Rd. Suite 19		City Cranston	State RI
			Zip 02920
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christine Marcus		Contact title President	
Street Address 100 Midway Rd. Suite 19		City Cranston	State RI
			Zip 02920
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 checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) (7-16-52)			
Manager Name none		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 KAREN G. DELPONTE		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903-

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



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File Date 11/3/03

Cheer No. 5163

By [Signature]

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.

Christine Marcus 10/30/03
Signature of Authorized Person Date
Christine Marcus
Print or Type Name of Authorized Person