



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. 138771		2. Exact name of the limited liability company GP Arcade Garage, 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 7 JACKSON WALKWAY/GILBANE PROPERTIES, INC.		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title MANAGER			
Street Address 7 JACKSON WALKWAY		City PROVIDENCE	State RI	Zip 02903	
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 Gilbane Properties		*Manager Name			
Street Address 7 Jackson Walkway		*Street Address			
City Providence	State RI	Zip 02903	*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 E. JEROME BATTY		Address 1500 FLEET CENTER			
Address		City PROVIDENCE	Zip 02903		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 05 OCT 18 PM 1:17

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



1 3 8 7 7 1

138771 DLLC 09/09/05 10:13:02 AM

File Date 10/18/05

Check No. 170330

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.

[Signature] Date _____

E. Jerome Batty

Print or Type Name of Authorized Person