



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 121375		2. Exact name of the limited liability company Winn Managed Properties, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT			
5. Principal office address 6 Faneuil Hall Marketplace		City Boston	State MA	Zip 02109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Samuel Ross		Contact Title Manager			
Street Address 6 Faneuil Hall Marketplace		City Boston	State MA	Zip 02109	
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 Samuel Ross		Manager Name Lawrence H. Curtis			
Street Address 6 Faneuil Hall Marketplace		Street Address 6 Faneuil Hall Marketplace			
City Boston	State MA	Zip 02109	City Boston	State MA	Zip 02109
Manager Name Michael T. Putziger		Manager Name			
Street Address 6 Faneuil Hall Marketplace		Street Address			
City Boston	State MA	Zip 02109	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.



121375

File Date	11-01-05
Check No.	1209019
By:	140
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
10/13/05
Samuel Ross, Manager
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121375		2. Exact name of the limited liability company Winn Managed Properties, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT	
5. Principal office address 6 Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Samuel Ross		Contact Title Manager	
Street Address 6 Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
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 Samuel Ross		Manager Name Lawrence Curtis	
Street Address 6 Faneuil Hall Marketplace		Street Address 6 Faneuil Hall Marketplace	
City Boston	State MA	City Boston	State MA
Zip 02109		Zip 02109	
Manager Name Michael Putziger		Manager Name	
Street Address 6 Faneuil Hall Marketplace		Street Address	
City Boston	State MA	City	State
Zip 02109		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 2 1 3 7 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 **10/25/04**

Check No **001203737**

By **W.**

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

10/20/04

Samuel Ross, Manager

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 5940

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. 121375		2. Exact name of the limited liability company Winn Managed Properties, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE PROPERTY MANAGEMENT	
5. Principal office address 6 Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Samuel Ross		Contact Title Manager	
Street Address 6 Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
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 Samuel Ross		Manager Name Lawrence Curtis	
Street Address 6 Faneuil Hall Marketplace		Street Address 6 Faneuil Hall Marketplace	
City Boston	State MA	City Boston	State MA
Zip 02109		Zip 02109	
Manager Name Michael Putziger		Manager Name	
Street Address 99 High Street - 20th Floor		Street Address	
City Boston	State MA	City	State
Zip 02110		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 2 1 3 7 5 *

File Date	10/21/03
Check No.	00144900
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.

	10/7/03
Signature of Authorized Person	Date
Samuel Ross, Manager	
Print or Type Name of Authorized Person	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121375		2. Exact name of the limited liability company Winn Managed Properties, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Property Management	
5. Principal office address Six Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Samuel Ross		Contact Title Manager	
Street Address Six Faneuil Hall Marketplace		City Boston	State MA
		Zip 02109	
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 Samuel Ross		Manager Name Lawrence Curtis	
Street Address Six Faneuil Hall Marketplace		Street Address Six Faneuil Hall Marketplace	
City Boston	State MA	City Boston	State MA
Zip 02109		Zip 02109	
Manager Name Michael T. Putziger		Manager Name	
Street Address 99 High Street, 20th Floor		Street Address	
City Boston	State MA	City	State
Zip 02110		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 2 1 3 7 5 *

File Date	11-1-02
Check No.	1091494
By:	<i>[Signature]</i>
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] 10/28/02
Signature of Authorized Person Date
Samuel Ross, Manager
Print or Type Name of Authorized Person