

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

Gorporations Division 100 North Main Street Providence, RI 02903-1335

401.222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2005

(FORM MUST BE TYPED	OR PRINT	ED IN BLACK)						
1. II) No. 121375		ict name of the Amitted Building company  n Managed Properties, LLC						
3. State of Formation DELAWARE  4. Brief description of the character of the histness while REAL ESTATE PROPERTY MANAGEMENT				ch is actually conducted in Rhode Islan	ad .			
5. Principal office address				City	State	-	Zip	
6 Faneuil	Hall	Marketplac	e	Boston	MA		021	109
6. MAILING ADDRE	SS OF LI	MITED LIABILITY (	OMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		`	
Contact Name				Contact Title				
Samuel Ro	SS			Manager				
Simul Addinss 6 Faneuil Hall Marketplace			city Boston	State MA	<b>L</b>	<i>Zip</i> 021	109	
		FILL IN SPACES	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAL CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G.	TACHMENT)		-52	
Manager Name Samuel Ross			Manager Name					
Street Address 6 Faneuil Hall Marketplace			Street Address 6 Faneuil Hall Marketplace					
Boston		State MA	<sup>2iρ</sup> 02109	Boston	State M	IA	Zip 02	2109
Manager Name Michael T	. Put	ziger	•	Manager Name				_
Street Address 6 Faneuil	Hall	Marketplac	e	Street Address				
Guy Boston		State MA	Zip 02109	City	State		Zip	
8. RESIDENT AGENT Agent Name CT CORPORATION SY		DDE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 Address	R.I.G.L. 7-1	6-11		
Address 10 WEYBOSSET STREET			City: Zip PROVIDENCE 02903-					

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



\*121375\*

File Date

Check No.

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.

CO)

10/13/05

Signature of Authorized Person

Date

Samuel Ross, Manager

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, Rt 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) 2. Exact name of the limited hability company 121375 Winn Managed Properties, LLC 3 State of Formation i. Brief description of the character of the business which is actually conducted in Rhode Island. **REAL ESTATE PROPERTY MANAGEMENT DELAWARE** 5 Principal Africe address 6 Faneuil Hall Marketplace Boston MA 02109 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Samuel Ross Manager Street Address City State 6 Faneuil Hall Marketplace 02109 Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS - ("X" BOX FOR ATTACHMENT)  $\square$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Samuel Ross Lawrence Curtis Street Address Street Address 6 Faneuil Hall Marketplace 6 Faneuil Hall Marketplace  $Z\psi$ Boston MA 02109 Boston MA 02109 . . . . . . . . . . . . . . . . . . . Manager Name Manager Name Michael Putziger Street Address Street Address 6 Faneuil Hall Marketplace Cit-State State Zιρ Boston MA 02109 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name

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

**PROVIDENCE** 



File Date	25/01/				
Chrck No DOI	<u> 766 F06</u>				
By					
FOR SECRETARY OF STATE USE ONLY					

CT CORPORATION SYSTEM

10 WEYBOSSET STREET

Address

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 age true and correct.

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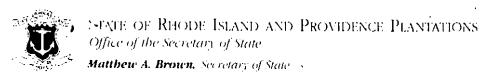
02903-

10/20/04

Signature of Authorized Person

Date

Samuel Ross, Manager Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

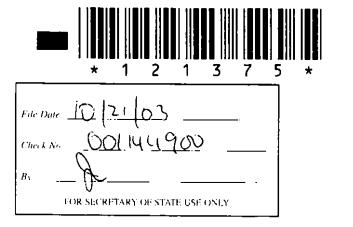
2003

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

7 /// No <b>121375</b>	2 Exact name of the timeen Winn Managed Prop	t uame of the trained tuebalit; company nn Managed Properties, LLC					
i Biref description of the character of the Iniciaesch  REAL ESTATE PROPERTY MANAGEMENT				ie Island			
3 Principal office addiess 6 Faneuil Hall Marketplace			Boston	State MA	Zij: 02109		
6. MAILING ADDI Compact Name Samuel Ro		ITY COMPANY AND NAM	4E OR TITLE OF CONTACT  Contact Title  Manager	PERSON:	'		
Steer Address 6 Faneuil Hall Marketplace			Eug Boston	State MA	2φ 02109		
A Manager Name	FILL IN SPA NY MODIFICATIONS TO	UES BEFORE USING ATT	BILITY COMPANY, IF APP ACHMENTS ("X" BOX FO TILING OF AMENDMENT, R Manager Name	OR ATTACHMENT) [] I.I.G.L., 7-16-12 (a) (2) /	7-16-52		
Sheet Address 6 Faneuil Hall Marketplace			Lawrence Curtis  Most Address 6 Faneuil Hall Marketplace				
Boston	State MA	Zφ 02109	Boston	State MA	<sup>Zip</sup> 02109		
Manager Name Michael i	Putziger		Munager Name		······J·······························		
Miret Address 99 High S	Street - 20th Floo	r	Street Address	<del></del>	<del>v</del>		
Boston	State MA	2φ 02110	Git:	State	Zip		
Agent Name		JU NOT ALIEK - Chang	es require filing of Form	042 - R.I.G.L. 7-16-11			
CT CORPORATION Address	SYSTEM		Car	Zip			
10 WEYBOSSET STREET			PROVIDENCE	029	03-		

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



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.

Corp

10/7/03

Signature of Authorized Person

Date

Samuel Ross, Manager

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 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. ID No. 2. Exact name of the limited liability company 121375 Winn Managed Properties, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **DELAWARE** Real Estate Property Management 5. Principal office address State Six Faneuil Hall Markeptlace Boston MΑ 02109 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Samuel Ross Manager Street Address Six Faneuil Hall Marketplace Boston MA 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 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name \*Manager Name Samuel Ross Lawrence Curtis Sireet Address Street Address Six Faneuil Hall Marketplace Six Faneuil Hall Marketplace City State Boston MA 02109 Boston 02109 Manager Name Manager Name Michael T. Putziger Street Address ·Street Address 99 High Street, 20th Floor City City Zip State Zip Boston MA 02110 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address **CT CORPORATION SYSTEM** Address 10 WEYBOSSET STREET **PROVIDENCE** 02903-

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



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В <u>у:</u>	<u> </u>	رد ز	Maria V Variant	• • •	
FOR SECRE	TARY OF STATE LISE ONLY		いコニ	·	

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

Samuel Ross, Manager Print or Type Name of Authorized Person