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) I. ID No. 2. Exact name of the limited liabilty company 123080 Music Hall Building, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND 5. Principal office address City State Zio 40 MARY STREET/LYN COMFORT NEWPORT RI 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Lyn Comfort Street Address City State Zip RI 02840 40 Mary Street . Newport 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 Peter Gonzales Lyncean Limited Partnership I Street Address • Street Address c/o Lyn Comfort, 40 Mary Street c/o Lyn Comfort, 40 Mary Street State Ciny Siase City Zip NEWPORT 02840 RI 02840 RI Newport Manager Name Manager Name Sireei Address ·Street Address City Ciry State State Ziυ Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address ARTHUR W. MURPHY, ESQ. 130 BELLEVUE AVENUE Cirv Address Zıp NEWPORT 02840-

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



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File Date	9/17/05
Check No.	1897
By:	ap
FOR SECRETAR	Y 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

Lyn Comfort

Print or Type Name of Authorized Person

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

FORM MUST BE TYP	ED OR PRINTED IN B	IACK)					
1. ID No. 123080	Music Hall Build	name of the limited liability company Hall Building, LLC					
3. State of Formation	4. Brief desc	ription of the character of the	business which is actually conduc	ted in Rhode Island			
RHODE ISLAND To buy, sell, lease,			e, hold and manage	hold and manage real estate.			
5 Principal office addr	ess		City	City State Zip			
40 MARY STREET/LYN COMFORT			NEWPORT	RI	RI 02840-		
6. MAILING ADD Contact Name Lyn Comfort		D LIABILITY COMPA	NY AND NAME OR TITL	E OF CONTACT I	'ERSON:		
Street Address		**	City	State	Zip		
40 Mary Stree	t		Newport	RI	02840		
	-FILL, IN	SPACES BEFORE: USING	LIMITED LIABILITY CO S ATTACHMENTS ("X", BO, IIRES FILING OF AMENDMENT	X FOR ATTACHMENT)□····································		
Manager Name			•Manager Name				
Lyncean Limit	ed Partnershi	p I	•	Peter Gonzales			
Street Address			Street Address				
c/o Lyn Comfo	rt, 40 Mary S		.c/o Lyn Comfo				
City	State	Zip	Cay	State RI	Ζιρ 02840		
NEWPORT	JRI	02840	Newport	_{K1}			
Manager Name			*Manager Name				
Street Address			•Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGE	NT IN RHODE ISL	ND DO NOT ALTER' CI	nanges require filing of	Form 642 - R.I.G.	L. 7-16-11		
ARTHUR W. MU	RPHY, ESQ.		130 BELLEVUE	AVENUE			
Address			City				
			NEWPORT	NEWPORT			
I .			1		02840-		

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



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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.

Lyn Comfort

Print or Type Name of Authorized Person



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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company L. ID No. 123080 Music Hall Building, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND 5. Principal office address State City 40 MARY STREET/LYN COMFORT NEWPORT RI 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Lynn Comfort Street Address City Siale Zip 40 Mary Street . Newport RI 02840 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 Lyncean Limited Partnership I Peter Gonzales Street Address · Street Address c/o Lyn Comfort, 40 Mary Street c/o Lyn Comfort, 40 Mary Street City State State City Zip NEWPORT 02840 02840 RI Newport RΙ Manager Name Manager Name Street Address ·Street Address City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 ARTHUR W. MURPHY, ESQ. 130 BELLEVUE AVENUE Address City Zip NEWPORT 02840-

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



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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.

Signoffuze of Authorized Person

9-30-2003

. . .

Lyn Comfort
Print or Type Name of Authorized Person