

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 LI	ABIL]	ITY COMPA	ANY ANNUAL	REPORT FOR	THE VEAR	2005
Filing Period: Septen	nber 1 - N	November 1 •	Filing Fee: \$50.00	MEI ONI I ON	THE TEAK	
(FORM MUST BE TYPED						
I. ID No		iame of the limited Itabi	lity company	<u></u>	 =	
128081	1	yth Family Round				
3 State of Formation				hich is actually conducted in R	hode Island	
RHODE ISLAND		REAL ESTATE MA			The specific	
5. Principal office address				City	State	Zip
104 Raca	D. o	0.3		Jencirw	1 1	(1) \$7E
6. MAILING ADDRE	• • •	MITED HABILITY	COMPANY AND NAM	E OR TITLE OF CONTAC	. A/	[[00]]
Contact Name			COMPANI AND NAM	Contact Title	JI PERSON:	· - - · · -
Elegno	<u> </u>	rut		Manage	es	
Street Address	.1		·	City	State	2.φ
CGM W	11500	Circle		Lutz		33548
7. NAME AND ADDR	ESS OF	EACH MANAGER (OF THE LIMITED LIAN	BILITY COMPANY, IF AF	PETCARTE	
			BEFORE USING ATTA		FOR ATTACHMENT	П
AN	MODIF	ICATIONS TO MAR	NAGERS REQUIRES FI	LING OF AMENDMENT,	R.I.G.L. 7-16-12 (a	(2) / 7-16-52
Manager Name				Manager Name		
Clean	<u> </u>	nyth		W:11	isa Ton	भी
Street Address			<u> </u>	Street Address	A .	
5017 Mi	1102	<u>Ciccle</u>	···	808	St. Petersb	ors Di W
Cutz		State (211 73548	oldshar	State FL	Zip 341.77
Manager Name		•	•	Manager Name	•••••••••••••••••••••••••••••••••••••••	
Street Address	<u> </u>			6		
				Strvei Address		
City	3	State : :	Zip	City:	State	Ζφ
8. RESIDENT AGENT	IN RHO	DE ISLAND DO	IOT ALTER Change	i require filing of Form	(12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	الماليجين والمستحور
Agent Name	,,,,,,,,	ا مضال المستعدد عد	io i arien : Change	•	1 642 - K.I.G.L. 7-1	5-11
EMILY J. CHAMBERLA	.in	• . •	•	Address		
Address				 		
				Cuy		Zıp
77 NARRAGANSETT AVENUE			JAMESTOWN 02835-		02835-	

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

File Date	11/18/05	*128081*	
Check No	,_/054		
Ву:			
	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.



Address

77 NARRAGANSETT AVENUE

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

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: September 1 - November 1 - Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company L. ID No 128081 The Smyth Family Round House, LLC 3 State of Formation 4. Brief description of the character of the histories which is actually conducted in Rhode Island **REAL ESTATE MANAGEMENT** RHODE ISLAMO 5 Principal office address CHY State Z_{1D} 02835-1149 RI 77 NARRAGANSETT AVENUE JAMESTOWN, 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Resident Agent, Counsel Emily J. Chamberlain State Zip Street Address City 02835-1149 RΙ JAMESTOWN, 77 NARRAGANSETT AVENUE 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 Eleanor N. Smyth William R. Smyth, III Struct Address Sincel Address 9242 NW 17th Street Petersburg Drive 808 St. Oldmar, FL 34677 33071 Coral Springs, Manager Name Manager Name Sincet Address Storet Address 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 Address Agent Name **EMILY J. CHAMBERLAIN**

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

JAMESTOWN



File Date	10/14/04	
Check No.	1270	
Ву:	Δ.	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of per	ury, I declare and affirm that	I have exa	mined this report
	panying schedules and statem	ents, and th	iat all statements
contained herein are	true and correct.		
, \		1	1

Zip

02835-

Signature of Authorized Person

Date

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 Fce: \$50.00

(FORM MUST BE T	YPED OR PRINTED IN BL.	ACK)					
1 ID No. 128081		2. Exact name of the limited liability company The Smyth Family Round House, LLC					
3. State of Formation	4. Brief descrip	business which is actually conducted in	Rhode Island				
RHODE ISLAN	ID Real e	estate manage	ement				
5. Principal office ac			City	State	Zip		
77 NARRAGANS	SETT AVENUE		JAMESTOWN	RI	02835-1149		
6. MAILING AD	DRESS OF LIMITED	LIABILITY COMPA	NYAND NAME OR TITLE O	F CONTACT P	ERSON:		
Contact Name			Contact Title	Contact Title			
Emily J. Cha	amberlain		 Resident Agent, 	Counsel			
Street Address			City	State	Zip		
77 Narragan	nsett Avenue		.Jamestown	RI	02835 - 1149		
7. NAME AND A	FIEL UNS	PACES BEFORE USING	LIMITED LIABILITY COMPA ATTACHMENTS ("X" BOX FO) IRES FILING OF AMENDMENT, R.L.	R ATTACHMENT)			
Manager Name			• Manager Name				
William R. S	Smyth, III		Eleanor N. Smyth				
Street Address			Street Address				
808 St. Pete	eraburg Drive		.9242 NW 17th Str	eet			
City	State	Zip	*City	State	Zip		
Oldsmar	FL	34677	Coral Springs				
Manager Name		• • • • • • • • • • •	*Manager Name		· · · · · · · · · · · · · · · · · · ·		
Street Address	<u>.</u>	 	Street Address				
City	State	Zıp	City	State	Zip		
8. RESIDENT AG	ENT IN RHODE ISLAN	ID-DO NOT ALTER- Ch	anges regulre filing of For	m 642 - R:I.GI			
Agent Name		<u> </u>	Address				
EMILY J. CHAI	MBERLAIN		77 NARRAGANSETT	AVENUE			
Address			Ciry	· • • • • • • • • • • • • • • • • • • •	Zıp		
			JAMESTOWN		02835-1149		

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



128081 DLLC 09/05/03 04:16:42 PM
File Date 10/27/03
Check No. 207
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.

Print or Type Name of Authorized Person