



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 128081		2. Exact name of the limited liability company The Smyth Family Round House, 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 MANAGEMENT	
5. Principal office address 104 Resqueved Rd.		City Jamestown	State RI
		Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Eleanor Smyth		Contact Title Manager	
Street Address 2617 Wilson Circle		City Lutz	State FL
		Zip 33548	
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 Eleanor Smyth		Manager Name William Smyth	
Street Address 2617 Wilson Circle		Street Address 808 St. Petersburg Dr W	
City Lutz	State FL	City Oldsmar	State FL
Zip 33548		Zip 34677	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 EMILY J. CHAMBERLAIN		Address	
Address 77 NARRAGANSETT AVENUE		City JAMESTOWN	Zip 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. 1054	
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] **10/11/05**
Signature of Authorized Person Date
William R SMYTH
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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT	
5. Principal office address 77 NARRAGANSETT AVENUE		City JAMESTOWN,	State RI
		Zip 02835-1149	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Emily J. Chamberlain		Contact Title Resident Agent, Counsel	
Street Address 77 NARRAGANSETT AVENUE		City JAMESTOWN,	State RI
		Zip 02835-1149	
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 William R. Smyth, III		Manager Name Eleanor N. Smyth	
Street Address 808 St. Petersburg Drive		Street Address 9242 NW 17th Street	
City Oldmar,	State FL	City Coral Springs,	State FL
Zip 34677		Zip 33071	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 EMILY J. CHAMBERLAIN		Address	
Address 77 NARRAGANSETT AVENUE		City JAMESTOWN	Zip 02835-

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



* 1 2 8 0 8 1 *

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
William R Smyth III
Print or Type Name of Authorized Person

File Date 10/14/04
Check No. 1270
By: W.

FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128081		2. Exact name of the limited liability company The Smyth Family Round House, 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 management	
5. Principal office address 77 NARRAGANSETT AVENUE		City JAMESTOWN	State RI
		Zip 02835-1149	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Emily J. Chamberlain		Contact Title Resident Agent, Counsel	
Street Address 77 Narragansett Avenue		City Jamestown	State RI
		Zip 02835-1149	
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 William R. Smyth, III		Manager Name Eleanor N. Smyth	
Street Address 808 St. Petersburg Drive		Street Address 9242 NW 17th Street	
City Oldsmar	State FL	City Coral Springs	State FL
Zip 34677		Zip 33071	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 EMILY J. CHAMBERLAIN		Address 77 NARRAGANSETT AVENUE	
Address		City JAMESTOWN	Zip 02835-1149

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



1 2 8 0 8 1

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File Date 12/27/03

Check No. 207

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] 10/22/03
Signature of Authorized Person Date
William R. Smyth III
Print or Type Name of Authorized Person