



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No 133383		2. Exact name of the limited liability company Rising Sun Mills LLC	
3. State of Formation Maryland		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development	
5. Principal office address 1040 Hull Street, Suite 200		City Baltimore	State Maryland Zip 21230
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Carl W. Struever		Contact Title	
Street Address 1040 Hull Street, Suite 200		City Baltimore	State Maryland Zip 21230
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 SBER Development Services LLC		Manager Name	
Street Address 1040 Hull Street, Suite 200		Street Address	
City Baltimore	State Maryland	Zip 21230	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	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			
Agent Name CT Corporation System		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	JUL 14 2006
By:	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]
Signature of Authorized Person
Date **7-13-06**
Joseph F. Summers
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 133383		2 Exact name of the limited liability company Rising Sun Mills LLC	
3 State of Formation MARYLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT	
5 Principal office address 1040 HULL STREET SUITE 200		City BALTIMORE	State MD
		Zip 21230	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CARL W. STOWER		Contact Title	
Street Address 1040 HULL STREET SUITE 200		City BALTIMORE	State MD
		Zip 21230	
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 SBER DEVELOPMENT SERVICES LLC		Manager Name	
Street Address 1040 HULL STREET SUITE 200		Street Address	
City BALTIMORE	State MD	City	State
Zip 21230		Zip	
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 BARRY PRESTON		Address	
Address 1570 WESTMINSTER STREET		City PROVIDENCE	Zip 02909

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



* 1 3 3 3 8 3 *

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 11/12/04
Check No. 082039
By: W.

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

CHARLES M. ECCLES
Print or Type Name of Authorized Person