



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. 124082 | | 2. Exact name of the limited liability company NEWPORT FIFTY-FIFTY MARINE, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT CHARTERS | |
| 5. Principal office address 11 MEMORIAL BOULEVARD | | City NEWPORT | State RI |
| Zip 02840- | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JAMES F HYMAN | | Contact Title ESQ. | |
| Street Address 11 MEMORIAL BOULEVARD | | City NEWPORT | State RI |
| Zip 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) <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 N/A | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | 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 JAMES F. HYMAN, ESQ. | | Address 11 MEMORIAL BOULEVARD | |
| Address | | City NEWPORT | Zip 02840- |

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



1 2 4 0 8 2

124082 DLLC 09/02/05 02:06:00 PM

File Date 9/22/05

Check No 5927

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] Date 9/19/05

Signature of Authorized Person

BRUCE WERNERT, MEMBER
Print or Type Name of Authorized Person



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. 124082 | | 2. Exact name of the limited liability company NEWPORT FIFTY-FIFTY MARINE, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island BOAT CHARTERS | |
| 5. Principal office address 11 MEMORIAL BOULEVARD | | City NEWPORT | State RI |
| | | | Zip 02840- |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JAMES F. HYMAN, ESQ. | | Contact Title | |
| Street Address 11 MEMORIAL BOULEVARD | | City NEWPORT | State RI |
| | | | Zip 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) <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 N/A | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | 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 JAMES F. HYMAN, ESQ. | | Address 11 MEMORIAL BOULEVARD | |
| Address | | City NEWPORT | Zip 02840- |

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



1 2 4 0 8 2

124082 DLLC 08/31/04 11:55:52 AM

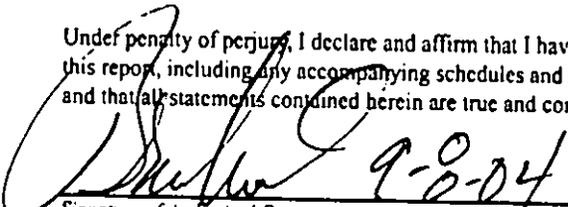
File Date 9/16/04

Check No. 5323

By: DA

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 of Authorized Person Date 9-8-04

Bruce Wernert, Member
Print or Type Name of Authorized Person



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. 124082 | | 2. Exact name of the limited liability company NEWPORT FIFTY-FIFTY MARINE, LLC | | | | 1/3 | |
| 3. State of Formation RHODE ISLAND | | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Boat Charters | | | | |
| 5. Principal office address 11 Memorial Blvd. | | | | City Newport | State RI | Zip 02840 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | | | |
| Contact Name James F. Hyman | | | | Contact Title Esq. | | | |
| Street Address 11 Memorial Blvd. | | | | City Newport | State RI | Zip 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) <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 n/a | | | | Manager Name n/a | | | |
| Street Address | | | | Street Address | | | |
| City | State | Zip | 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 JAMES F. HYMAN, ESQ. | | | | Address | | | |
| Address 11 MEMORIAL BOULEVARD | | | | City NEWPORT | Zip 02840 | | |

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



* 1 2 4 0 8 2 *

File Date 9-25-03
Check No 4718
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I do 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] 9-19-03
Signature of Authorized Person Date

Bruce Wernert, Member

Print or Type Name of Authorized Person