

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Sept	ember 1	- November I 🏓	Filing Fee: \$50.	00	KIHEY	<u> Е</u> АК <u>-</u>		
(FORM MUST BE TYP	2. Exact	name of the limited lid						
139486 3. State of Formation	GULL	IVER DEVELOP	•					
RHODE ISLAND		Development of	E Real Proper	husiness which is actually conducted in Rhode Island				
5. Principal office address 128 Dorrance Street Suite 600				City Providence	State R.I.	•	2ip 02903	
6. MAILING ADD	RESS O	F LIMITED LIAB	ILITY COMPAN	YAND NAME OR TITLE	OF CONTACT	PERSON:		
Contact Name David C. Ta				Contact Title Attorney		·		
Street Address 128 Dorrance Street Suite 600				City Providence	State R.I.		Zip 02903	
	• •	THE IN SPACES	BEFORE USING	IMITED LIABILITY COMPATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R * Manager Name	PANY, IF APPL OR ATTACHMENT	, 🗆 👡 😽		
Street Address				• Sireei Address				
City		State	Zip	*City	State		Zip	
Manager Name				: Manager Name				
Street Address				· Sircei Address				
City	<u> </u>	State	Zip	City	State	. <u>.</u>	Zip	
8. RESIDENT AGE	T IN RI	ODE ISLAND -DO	 NOT ALTER- Cha	inges require filling of Fo	 		(3.000)	
Agent Name				Address				
DAVID C. TAPALIAN, ESQ.				128 DORRANCE STREET				
Audres				PROVIDENCE		Zip	·	
				PROVIDENCE		02903-		
This report must be	signed	in ink by an auth	orized person pu	ursuant to 7-16-66.				
	3 9	4 8 6					_	
*139486 DLLC 10 File Date Check No. By: FOR SECRETARY OF	19°	18.05		Under penalty of per this report including and that all statemen Signature of Authorized David C. Ta	any accompanying ts contained hereing the person appalian	ng schedules a	ind statements,	