



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|-------------|--|---------------|
| 1. ID No 120990 | | 2. Exact name of the limited liability company Buffalo-Lincoln Associates, LLC | |
| 3. State of Formation NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE A HOTEL | |
| 5. Principal office address 8441 COOPER CREEK BOULEVARD | | City UNIVERSITY PARK | State FL |
| | | Zip 34201 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name BUFFALO - LINCOLN ASSOCIATES, LLC | | Contact Title ATTN: TAX DEPT | |
| Street Address 8441 COOPER CREEK BOULEVARD | | City UNIVERSITY PARK | State FL |
| | | Zip 34201 | |
| 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 DAVID H. BALDAUF | | Manager Name | |
| Street Address 8441 COOPER CREEK BLVD | | Street Address | |
| City UNIVERSITY PARK | State FL | City | State |
| Zip 34201 | | 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 CORPORATION SERVICE COMPANY | | Address | |
| Address 222 JEFFERSON BOULEVARD, SUITE 200 | | City WARWICK | Zip 02888- |

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



120990

| | |
|---------------------------------|--------------------|
| File Date | 11/17 |
| Check No. | 125834 |
| By: | <i>[Signature]</i> |
| 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: David H. Baldauf]
Signature of Authorized Person
Date
DAVID H. BALDAUF - MANAGER
Print or Type Name of Authorized Person

7005 1160 0003 9184 4544

Form 632 Rev. 7/03 138



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 NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE A HOTEL | | | |
| 5. Principal office address 8441 COOPER CREEK BOULEVARD | | City UNIVERSITY PARK | | State FL | Zip 34201 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name DAVID H BALDAUF | | Contact Title MANAGER | | | |
| Street Address 8441 COOPER CREEK BOULEVARD | | City UNIVERSITY PARK | | State FL | Zip 34201 |
| 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 DAVID H BALDAUF | | Manager Name | | | |
| Street Address 8441 COOPER CREEK BOULEVARD | | Street Address | | | |
| City UNIVERSITY PARK | State FL | Zip 34201 | 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 CORPORATION SERVICE COMPANY | | Address 222 JEFFERSON BOULEVARD, SUITE 200 | | | |
| Address | | City WARWICK | | Zip 02888- | |

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



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|------------------------------------|---------|
| *120990 FLLC 06/29/05 12:29:00 PM* | |
| File Date | 7/14/05 |
| Check No. | 112517 |
| 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

DAVID H. BALDAUF, MANAGER
Print or Type Name of Authorized Person

438

2004 2890 0000 2947 7177



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
190 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 120990 | | 2. Exact name of the limited liability company Buffalo-Lincoln Associates, LLC | |
| 3. State of formation NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE A HOTEL | |
| 5. Principal office address 570 DELAWARE AVENUE | | City BUFFALO | State NY |
| | | Zip 14202 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name DAVID H. BALDAUF | | Contact Title MANAGER | |
| Street Address 570 DELAWARE AVENUE | | City BUFFALO | State NY |
| | | Zip 14202 | |
| 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 DAVID H. BALDAUF | | Manager Name | |
| Street Address 570 DELAWARE AVENUE | | Street Address | |
| City BUFFALO | State NY | City | State |
| Zip 14202 | | 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 CORPORATION SERVICE COMPANY | | Address | |
| Address 170 WESTMINSTER STREET, SUITE 900 | | City PROVIDENCE | Zip 02903 |

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



* 1 2 0 9 9 0 *

| | |
|---------------------------------|--------------------|
| File Date | 12/5/03 |
| Check No | 60307 |
| 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.

LAA **David H. Baldauf** **10/23/2003**
Signature of Authorized Person Date
DAVID H. BALDAUF / MGR
Print or Type Name of Authorized Person

7700341680:0000 7462

6758 Form 632 Rev 7/03

438



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|---|-------------|--|-----------------------------|
| 1. ID No. 120990 | | 2. Exact name of the limited liability company Buffalo-Lincoln Associates, LLC | |
| 3. State of Formation NEW YORK | | 4. Brief description of the character of the business which is actually conducted in Rhode Island FUTURE OPERATION OF A HOTEL | |
| 5. Principal office address 570 DELAWARE AVENUE | | City BUFFALO | State NY Zip 14202 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name DAVID H. BALDAUF | | Contact Title MANAGER | |
| Street Address 570 DELAWARE AVENUE | | City BUFFALO | State NY Zip 14202 |
| 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 DAVID H. BALDAUF | | Manager Name | |
| Street Address 570 DELAWARE AVENUE | | Street Address | |
| City BUFFALO | State NY | Zip 14202 | 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 CORPORATION SERVICE COMPANY | | Address | |
| Address 170 WESTMINSTER STREET, SUITE 900 | | City PROVIDENCE | Zip 02903 |

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



* 1 2 0 9 9 0 *

| | |
|---------------------------------|--------------------|
| File Date | 11-1-02 |
| Check No. | 603862 |
| By: | <i>[Signature]</i> |
| 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.

LAA *David H. Baldauf* 10/28/2002
Signature of Authorized Person Date
DAVID H. BALDAUF, MANAGER
Print or Type Name of Authorized Person

7002 2030 0002 2950 3728