

Corporations Division 100 North Main Street Providence, RI 02903-1,335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. ID No. 2. Exact name of the limited hability company 120990 Buffalo-Lincoln Associates, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **OPERATE A HOTEL NEW YORK** 5 Principal office address BOULEVARD 8441 COOPER CREEK UNIVERSITY PARK 34201 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name BUFFALO - LINCOLN ASSOCIATES, CCC 8441 COOPER CREEK 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES REFORE 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 Manager Name DAVID H. BALDAUF Street Address Street Address COOPER CREEK BLVD Z(p UNIVERSITY PARK Manager Name Manager Name Street Address Street Address State Z(p Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address CORPORATION SERVICE COMPANY Address City Zip

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

WARWICK

| *120990* | |
|---------------------------------|---|
| File Date 11/17 | _ |
| Check No. 125-834 | _ |
| Ву: | _ |
| FOR SECRETARY OF STATE USE ONLY | |

222 JEFFERSON BOULEVARD, SUITE 200

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.

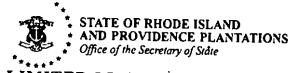
02888-

By Signature of Authorized Person Date

DAVID H. BALDAUF - MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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: Sept (FORM MUST BE TYP | ember 1 - Novembo ED OR PRINTED IN . | er 1 ● 1 BLACK) | Filing Fee: \$ | 50.00 | | |
|--|---|--------------------|---------------------|---|---------------------|----------------------------------|
| 7. ID No. 120990 | 2. Exact name of the | e limited liab | ilty company | | | |
| 3. State of Formation | Buffalo-Lincoln | | | | | |
| NEW YORK | OPERATE | A HOTE | L | he business which is actually conducted in | Rhode Island | |
| 5. Principal office addr | | | | City | State | Zip |
| 8441 COOPER C | | | | UNIVERSITY PARK | FL | 34201 |
| 6. MAILING ADD | RESS OF LIMITE | D LIABI | LITY COMP | ANY AND NAME OR TITLE OF | F CONTACT PE | ERSON: |
| DAVID H BALDA | | <u> </u> | | Contact Title . MANAGER | | |
| Street Address 8441 COOPER CI | | | | City UNIVERSITY PARK | State FL | Zip 34201 |
| 7. NAME AND AD | DRESS OF EACH | MANAG SPACES B | ER OF THE | LIMITED LIABILITY COMPA G ATTACHMENTS ("X" BOX FOR | NY, IF APPLIC | CABLE |
| | ANY MODIFICATIO | NS TO MAI | NAGERS REQ | UIRES FILING OF AMENDMENT. R.I.C | ATTACHMENT) | ∐ N. 7.46.62 |
| Manager Name | | | | · Manager Name | 3.2 7 10 12 (8) (2) | 11 1-10-32 |
| DAVID H BALDA | JF | _ | | • | | |
| Street Address | | | | · Street Address | | |
| 8441 COOPER CI | | | | | | |
| UNIVERSITY PAI | State RK FL | , | <i>Zip</i> 34201 | City | State | Zip |
| Manager Name | ··· | | | Manager Name | | |
| Street Address | | | | · Street Address | | |
| | | | | • | | |
| City | State | | Zip | City | State | Zip |
| 8. RESIDENT AGEN | T IN RHODE ISLA | ND -DO N | OT ALTER- CI | nanges require filing of Form | 1 1 642 BLCL 1 | 11/41 |
| • | | | | Address | 1 042 - 10.1.(1). | /-10-11 |
| CORPORATION S | SERVICE COMPA | ANY | | 222 JEFFERSON BOU | LEVARD, SU | ITE 200 |
| 1ddress | · · · · · · · · · · · · · · · · · · · | - | | City | | Zip |
| | | | | WARWICK | | 02888- |
| This report must be | signed in ink by | an author | ized person j | pursuant to 7-16-66. | | |
| 120990 FLLC 06/ | 29/05 12:29:00 P | M* | | Under penalty of perjury, this report, including any and that all statements co | accompanying si | chedules and statements. |
| File Date / | 2517 0A TATE USE ONLY | _ | | Signature of Authorized Per DAVID H. BAL Print or Type Name of Auth 43 8 | .DAUF, MA | Date ANAGER Form 632 Rev. 6/02 |



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, RL02903-1335 901 222 3040

MITED LIADILITY COMPANY

| CIMILIED MADILITY CON | VI 17/ | ANY ANNUAL REPORT FOR THE YEAR | 20 |
|--|--------|--------------------------------|----|
| iling Period: September 1 - November 1 - | • | Filing Fee: \$50.00 | |

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the limited leadning company Buffalo-Lincoln Associates, LLC 120990 4. Boref description of the character of the business which is actually conducted in Rhede Island 3 State of Forwation OPERATE A HOTEL **NEW YORK** 5. Penicipal office address 570 DELAWARE AVENUE 14202 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact full BALDAUF DAVID 1001 Address 570 DELAWARE AVENUE Street Address 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manayer Name H BALDAUF DAVID Street Address Street Address DELAWARE AVENUE Zψ Manager Name Mreet Address Street Address City State Zφ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CORPORATION SERVICE COMPANY** Address7.sp 170 WESTMINSTER STREET, SUITE 900

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

PROVIDENCE

| * 1 2 0 9 9 0 * |
|---------------------------------|
| File Date |
| 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.

02903-

DAVID H. BALDAUF / MAR.
Print or Type Name of Authorized Person



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) I. ID No. 2. Exact name of the limited liability company 120990 **Buffalo-Lincoln Associates, LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **NEW YORK** A HOTEL FUTURE OPERATION OF 5. Principal office address AUENUE BUFFALO 570 DELAWARE NΥ 14202 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name H. BALDAUF DAVID MANAGER_ Street Address Zip リメスロス BUFFALO AVENUE 570 DELAWARE ہے تہ 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 Manager Name BALDAUF DAVID Street Address Street Address AVENUE 570 DELAWARE Manager Name Manager Name Street Address ·Strect Address City .Cin State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address **CORPORATION SERVICE COMPANY** Address Zip 170 WESTMINSTER STREET, SUITE 900 PROVIDENCE 02903-

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



| File Date 1 /- | 1-02 |
|----------------|---------------------|
| Check No. | C03862 |
| B <u>w</u> | <u> </u> |
| FOR SECRETAR | Y 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 Javel H Raldan 10/28/2002
Signature of Authorized Person Date

DAVID H. BALDAUF, MANAGER

Print or Type Name of Authorized Person

Form 632 Rev. 6/02