

Agent Name

Address

EDWARD J. COX, II

99 TUPELO STREET

STATE OF RHODE ISLAND AND PROVIDE FOR PLANTATIONS Office of the Secretary of State

Stateberg A. Brown, Secretary of State

is mattens Diessant 100 North Main Street Providence, RI 02(4)5-1355 401-222-3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filling Period: September 1 - November 1 • Filing Vec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 Exact name of the limited Hability company 3, 5, 7, 9 DAVIS STREET, L.L.C. 70892 3. State of Formation 4. Brief description of the character of the hismess which is actually conducted in Rhode Island CWNERSHIP & MANAGEMENT OF INVESTMENT REAL ESTATE RHODE ISLAND 5. Principal office addires ϵm 99 Typelo BristoL 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Nam Sinvit 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address City State 7.10 City State *7.*(p) Manager Name Manager Name Street Address Street Address City State ZipCity State Ζф 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

Address

City

BRISTOL

	FILEL ₇₀₈₉₂ .
File Date _ Check No.	SEP 0 1 2005
By:	By 7935
, ——	OR SECRETARY OF STATE USE ONLY

	rjury, I declare and affirm that I have examined this report ipanying schedules and statements, and that all statements
contained herein are	, , ,
	-

Zip

02809

Signature of Authorized Person

X V

Print or Type Name of Authorized Person



EDWARD J. COX. II

99 TUPELO STREET

Address

STATE OF KHODE ISLAND AND PROCEDENCE PLANTHONS - Office of the Secretary of State

Matchew A. Brawn, Secretary of State

Corporations Pressort 700 Niith Main Street Providence, Rt 02903-1335 401-232 3040

1 1D No.	2 Exact name of the unit	ed hability i impani			····
79892 3, 5, 7, 9 DAVIS STREET, L.L.C. 3. State of Formation 4. Breef description of the character of the bins					
RHODE ISLAND			usiness which is a tuidig controved in Rhode Island F INVESTMENT REAL ESTATE		
5 Principal office address 9 9 Topal o S Track 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			BristoL	R.J	02809
a utact Name	43.Cox 1	IIII COMPANI AN	Comp Tale Poster & A	PERSON:	
treet Address			Gtty	State	Zip
lanager Name			IRES FILING OF AMENDMENT, F Manager Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
reet Address			Street Address		
aty.	State	Zip	Cay	State	Zip
lanager Name			Manager Name		J
reet Address	<u> </u>		Street Address	<u>_</u>	
at;	State	Zip	Gity	State	Zφ
DECIDENT ACC	NT IN BUODE 161 AND	DO NOT ALTER	Changes require filing of Form		1
. KESIDENI AGE:	11 1.1 KHQDE 1514 YO	- IJCJ NCJI ALIJEM - 4	nanges require filing at Eases	649 DICI 7 16 11	

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

City

BRISTOL



* 70892*

File Date 9/28/04

Check No. ____ 7592

By: ____ DH

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

 Z_{ip}

02809

Engage of Authory d Person

<u> 7-23-04</u>

Edward J. Cox II

Pent 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 Da saon 100 South Main Steed Peraulence RI 02993-1535 401 222 3040

LIMITED LIABILITY COMPANY AND A DEFUR OR THE YEAR _ - 2003

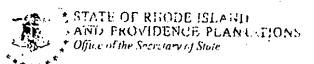
OPM MUST BE TYPFD (I) No	2 Exact name of the limit	ed bability company				
76892		3, 5, 7, 9 DAVIS STREET, L.L.C.				
State of Famation	4. Bijet descriptie	n of the character of the la	esness which is ortholly conducted in Rox	vle Isand		
RHODE ISLAND OWNERSHIP & MANAGEMENT OF II			INVESTMENT REAL ESTATE			
• • • • •	6 5 Times	ILITY COMPANY AND	NAME OF TITLE OF CONTACT	State R.I.	5 2 80 g	
Edu An	4 J. Cox V		Rosident Ros	HANN THE RESULT OF THE PERSONS		
eer siddress 99 Jups	40 Street		VSristoL	P.J.	24 02809	
NAME AND ADD!	RESS OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APP	PLICABLE		
	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT)	_	
AN	FILL IN SP	ACES BEFORE USING		OR ATTACHMENT) [] R.I.G.L., 7-16-12 (a) (2) /	7-16-52	
AN	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I :	OR ATTACHMENT)	7-16-52	
AN mayer Name	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I :	OR ATTACHMENT) [] R.I.G.L., 7-16-12 (a) (2) /	/ 7-16-52	
AN nager Name	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I Manager Name	OR ATTACHMENT) R.I.G.L., 7-16-12 (a) (2) /	/ 7-16-52	
AN naver Name ver Address	FILL IN SP Y MODIFICATIONS TO	ACES BEFORE USING D MANAGERS REQUI	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I Manager Name Street Address	R.I.G.L. 7-16-12 (a) (2) /		
	FILL IN SP Y MODIFICATIONS TO	ACES BEFORE USING D MANAGERS REQUI	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I Manager Name Street Address	R.I.G.L. 7-16-12 (a) (2) /		
AN naver Name vet Adaress naver Name vet Adaress	FILL IN SP Y MODIFICATIONS TO	ACES BEFORE USING D MANAGERS REQUI	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I Manager Name Manager Name	R.I.G.L. 7-16-12 (a) (2) /		
AN naver Name vet Adaress naver Name vet Edaress	FILL IN SP Y MODIFICATIONS TO State State	Zip	G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, I Manager Name Sirect Address Manager Name Street Address	State State	Zφ	

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

	* 7 0 8 9 2	*
File Date	9.5-03	
Check No	- — 7094	
Bv:		
1231	D. COVED DITABLE ON CONTROL OF CONTROL	

 mpanying schedules a	ffirm that I have examined this reporned statements, and that all statement
erfy	9/1/2

Print or Type Name of Authorized Person



A Sefdyword & An van, III. Secretary of States - Corporations Division 100 North Main Street, Providence, RI 02203-1335 401,272,3640

LIMITED LIABILITY COMPANY AND PROCET FOR THE YEAR! Filing Period: September 1 - November 1 6 Filing For: \$56.03 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 70892 3, 5, 7, 9 DAVIS STREET, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP & MANAGEMENT OF INVESTMENT REAL ESTATE **RHODE ISLAND** 5. Principal office address State Zip 02805 6. MAILING OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Street Address R.I. 02805 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 Street Address • Street Address City State Zip Zip Manager Name Manager Name Street-Address Street Address City State Zip City State 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 **EDWARD J. COX, II**

Cirv

BRISTOL

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



File Date	8-30-02	
Check No.	U453	_
B <u>v</u> :	di	_
FOR SECRE	TARY OF STATE USE ONLY	_

Address

99 TUPELO STREET

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.

Zip

02809

Edward.	Lex &	8/28/02
Signature of Authorized Serson	P	Date
C_{1}		

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335

Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number	DLLC 7089	2

Annual Report for the year 2001

		• • • • • • • • • • • • • • • • • • • •			
1.	The name of the limited liability company is	::			
	3, 5, 7, 9 DAVIS STREET, L.L.C.	·			
2.	The address of the principal office of the lin	nited liability company is:			
	99 Tupelo Street, Bristol, R	I 02809			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.					
•	99 TUPELO STREET BRISTOL RI 02809				
5 .		liability company and the name or title of a person to whom communications			
	may be directed are: Edward J. Cox II, Registered Agent				
	,	Street, Bristol, RI 02809			
7.	state: Rental Real Estate	rs, the name and address of each manager of the limited liability company Address 99 Tupelo Street, Bristol, RI 02809			
Da	August 28, 2001 7 0 8 9 2	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. 3, 5, 7, 9 Davis Street, LLC Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date: 0-30-6	By Education Lord			
Che	ck No.: 3-898	Registered Agent Title			
Ву:	2.	Form No. 632 Revised 01/99			

DETACH BOTTOM BEFORE RETURNING



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS . Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number DLLC 70892	Annual Report for the year 2000		
1.	1. The name of the limited liability company is:			
	3, 5, 7, 9 DAVIS STREET, L.L.C.			
2.	2. The address of the principal office of the limited liability company is:			
	99 Tupelo Street, Brist	ol, RI 02809		
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND		
4.	The name and address of its reside	nt agent is: EDWARD J. COX, II		
	99 TUPELO STREET BRISTOL RI	02809		
5.	The current mailing address of the I	imited liability company and the name or title of a person to whom communications		
		rd J. Cox, II		
	99 T	upelo Street, Bristol, RI 02809		
7.	state: Real Estate Rentals If the limited liability company has m Name	and Development nanagers, the name and address of each manager of the limited liability company Address		
Dat	9/5/2000 7 0 8 9 2	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. 3. 5. 7. 9 Davis Street LIC Exact Name of Limited Liability Company		
File l	Date: 9-7-00	Edward J. Lox, II Resident Agent		
	k No.: 5481	Title Form No. 632		
By:	HMF	Revised 01/99		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

		7
ID	Number <u>LL 70892</u>	Annual Report for the year 1999
1.	The name of the limited liability com	pany is:
	3, 5, 7, 9 DAVIS STREET, L.L.C.	
2.	The address of the principal office o	f the limited liability company is:
	99 Tupelo Street, Bristol	<u>, RI 02809</u>
3.		the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resider	nt agent is: EDWARD J. COX, II
•	99 TUPELO STREET BRISTOL, F	RI 02809
5.	The current mailing address of the li	mited liability company and the name or title of a person to whom communications
		Cox, II, Registered Agent
		Street, Bristol, RI 02809
6.		of the business in which the limited liability company is actually engaged in this
	state: Rental Real Estate	
7.		anagers, the name and address of each manager of the limited liability company Address
	Edward J. Cox, II	99 Tupelo Street, Bristol, RI 02809
Date	* 7 0 8 9 2 *	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. 3,5,7,9 Davis Street, LLC Exact Name of Limited Liability Company
File D	OR SECRETARY OF STATE USE ONLY Date: 9-1-99	By Example Engl
heck	(No: 5097	Registered Agent Title
By:	AMF	Form No. 632 Revised 01/99



STATE OF RHOLE IS: AND AND PROVIDENCE PLANTATIONS Office of the Score (asy of State).

Corporations Division:
100 North Main Street Providence. Rhode Island 02903-1335
Telephone (401) 222-3046

LIMITED LIABILITY COMPANY

ID	Number <u>LL 70892</u>	Annual Report for the year 1998:			
1.	The name of the limited liability com	pany is:			
	3, 5, 7, 9 DAVIS STREET, L.L.C.				
2.	2. The address of the principal office of the limited liability company is: 99 Tupelo Street, Bristol, RI 02809				
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND			
4.					
5. 6 .	A brief statement of the character	the limited liability company and the name or title of a person to whom Edward J. Cox, II, Registered Agent 99 Tupelo Street, Bristol, RI 02809 of the business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has m	anagers, the name and address of each manager of the limited liability company Address			
	Edward J. Cox, II	99 Tupelo St., Bristol, RI 02809			
Date	ed 9 3 19 78	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. 3, 5, 7, 9 Davis Street, LLC			
	OR SECRETARY OF STATE (SE ONLY Date: 9.4.71)	Exact Name of Limited Liability Company By			
hec y:	k No.: 4774	Registered Agent			
	Form No. 110.40				

Filling Fen: \$50.00



STATE OF RHODE IS 1. NO AND ENCHROPENCE PLANDATIONS Child of the Socretary of State.

Critics of the Secretary of Stell Compositions Division 100 North Main Street Providence, Rhode Island, 02903-1205

LIMITED LIABILITY COMPANY

Œ	Number 0070892 -	Annual Report for the year1997				
1.	The name of the limited liability compar	ny is:				
	3, 5, 7, 9 DAVIS STREET	, L E.C.				
2.	The address of the principal office of th	e limited liability company is:				
	99 Tupelo Street Bristol, RI 02809					
3.	The state or other junsdiction under the	laws of which it is formed is: Rhode Island				
4	The name and address of its resident agent is: <u>Fdward J. Cox II 99 Tupelo St., Bristol, RI 02809</u>					
5 .	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Edward J. Cox II 99 Tupelo Street Bristol, RI 02809					
6 7.	state: Rental Real Estate If the limited liability company has m company Name	he business in which the limited liability company is actually engaged in this sanagers, the name and address of each manager of the limited liability Address Address				
	Joseph M. Brito, Sr. Joseph M. Brito, Jr.	Bldg. 95B #203 823 Cypress Blvd., Pompano Beach, FL 330 16 Sheffield Avenue Bristol, RI 02809				
Da	ned 8-25 , 19 97 PAID	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. 3, 5, 7, 9 Davis Street, I.I.C. Exact Name of Limited Liability Company				
	SEP 0 3 1997 SECY OF STATE	Registered Agent				

Form No. LLC-19 Revised 8/97

State of Rhode Island and Providence Plantations
Office of the Sections of State
Corporation Division
100 North Main State 1 3
Providence, Rt 02902-1008

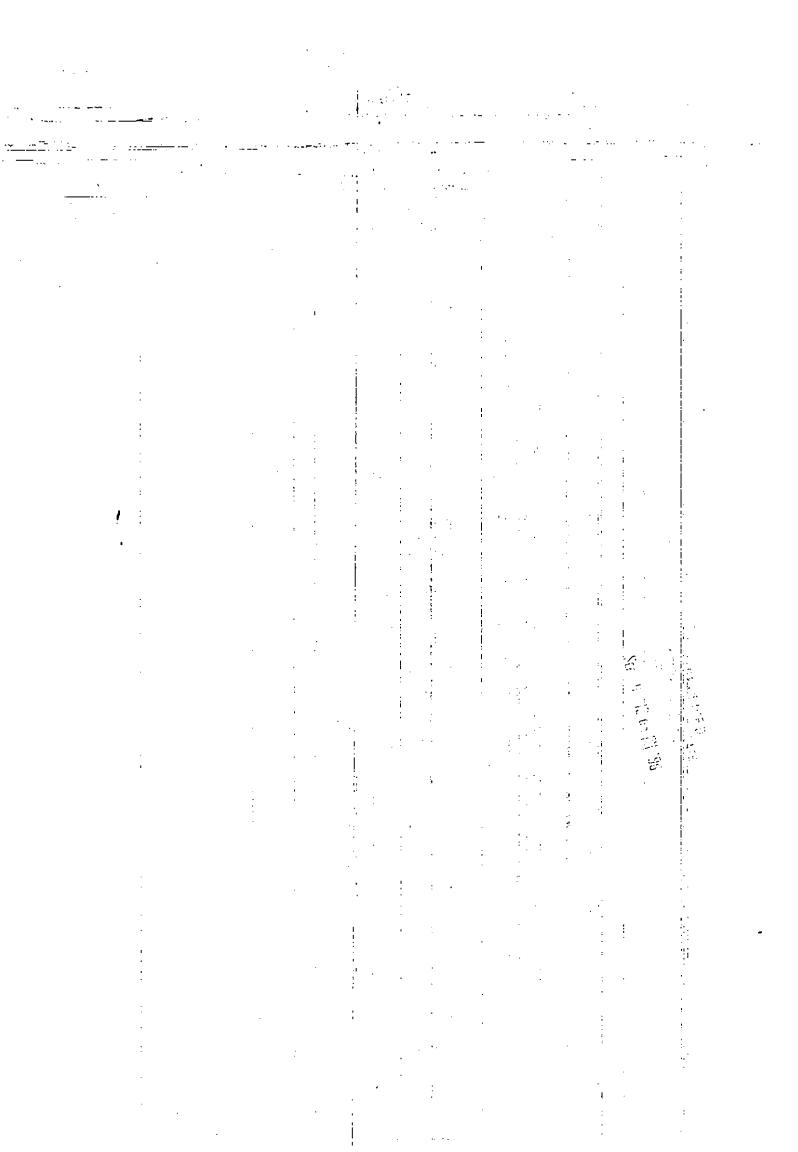
LIMITED LIABILITY COMPANY

LLC I D.# 70892

Annual Report for the year 1996

_		•				
FIRST:	The name of the limited liability of	company is: 3, 5, 7, 9 DAVIS STREET, L.L.C.				
SECOND:	D: The address of the principal office of the limited liability company is:					
	99 Tupelo Street B	ristol, RI 02809				
THIRD:	The state or other jurisdiction un	ider the laws of which it is formed is. Rhode Island				
FOURTH:	The name and address of its res	sident agent is.				
	Edward J. Cox II 99 Tupelo Street Bristol, RI 02809					
FIFTH:	H: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:					
	Edward J. Cox II 99 Tupelo Street Bristol, RI 02809					
SIXTH:	A brief statement of the charact	ter of the business in which the corporation is actually engaged in this state:				
•	•	, , , , , , , , , , , , , , , , , , , ,				
Dated	8/22/ 19 .96	.3,5,7,9, Davis Street, L.L.C				
Filễ Date:	* 94	By Ehred 1. Soot				
Check No	37(c8)	To be signed by the manner required by the home state.				
For Sec	retary of State Use Only	Title Registered Agent				

FORM LLC-19 7/95



SEP 2 8 1995

W CC 3323

State of Rhode latter and Professional Plantations

Office of the Secretary (1997) Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. #	070892	Annual Report for the year 1995			
FIRST:	The name of the limited liabili	ty company is:			
	3, 5, 7, 9 DAVIS	STREET, L.L.C.			
SECOND:	The address of the principal	office of the limited liability company is:			
	101 Tupelo Street				
	Bristol, RI 02809				
THIRD:	The state or other jurisdiction	under the laws of which it is formed is:			
1	Rhode Island				
FOURTH:	The name and address of its Edward J. Cox, II	resident agent is:			
	99 Tupelo Street Bristol, RI 02809				
FIFTH:	TH: The current mailing address of the limited liability company and the name or title of a person to who communications may be directed are: Edward J. Cox, II 101 Tupelo Street Bristol, RI 02809				
SIXTH:	IXTH: A brief statement of the character of the business in which the corporation is actually engage state:				
	Ownership and Manage	ement of Investment Real Estate			
Dated	9/1/ 19 95	3,5,7,9 Davis Street, L.L.C.			
	, 10	Exact Name of Limited Liability Company			
99 Tu	pilo	·By Edwarf Eoff			
		Title Resident Agent			

*To be signed in the manner required by the home state.

FORM LLC-19 7/95

Filing Fee \$50.00 Payable to: appears of Section

PLEASE CYPRIOR DENG

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jac. 3 - March 1

Stare of Rhode Island and Provide for Physicians Object of The Secretary 6, Secta-

100 North Main Stress Providence, Rhode Island 02/04-1985 -01-277-3049

To:perate 10:0070892		Annual Region for the year	<u> </u>
Name of Business Entity: 3, 5,	7, 9 Davis Street, I		
Business entity organized under the laws of the Sederal Taxpayer Identification Number: For foreign entity, address and telephone number Phone 1	State of Rhode Island or of principal office	Business Entity is (check ener):	ess conducted in Rhode Island:
Bristol, RI 02809			2 01/01/93 muc
Phone (401) 253-9277		Date of Qualification to do business in R	/ /
	THE SAMES OF T	HE OFFICERS ARE:	
Schurtzichnen-nords () Passbryid ka Joseph M. Brito	V Since V		02809
3 com Formation in octaon in vio mession of Joseph M. Brito	L CSS TOS STRUCTAL		02809
Services Decorated Services Joseph M. Brito, Jr.		ORUSS TO YESTA U	0280 9
Joseph M. Brito, Jr.		DIALAS CON ATT	02809
Joseph M. Brito	375 Poppasquash	Rd., Bristol, RI	02809
Joseph M. Brito, Jr.	16 Sheffield Ave	ERISS C. NS AIL	—————————————————————————————————————
Ceasar Brito	1340 So. Ocean I	Blvd., Pompano Beach, FL	
NUMBER OF SHARES AUTHORIZED (If	Applicable)	NUMBER OF SHARES ISSUED AND OU	JTSTANDING (II Applicable)
NUMBER CLASS		NUMBER CLASS	
SERIES		SERIES	~4
PAR VALUE OR WITHOUT PAR Date August 23,	94 By	PAR VALUE OR WITHOUT PAR	- mne
		oseph M. Brito Antasi of oraclessors arther Original Mission	
DESIGNATEI	D REGISTERED OR RESIL	DENT AGENT FOR SERVICE OF PRO	OCESS:

•	V
NO	FEE
Filing Fed	

(_	ĿC	}	D.	#_	70892
----	----	---	----	----	-------

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Annual Report for the Year 1993 (Statutory Legurement: 1993 LLCV)

FIRST: The name and address of the principal	office of the limited liability company is:
IO1 Tupelo Street	VIS STREET, L.L.C.
Bristol, RI 02809	9
OT COLUMN 1	
SECOND: It is formed under the laws of:Rt	node Island
THIRD: Name and address of its resident agent is:	Edward J. Cox, II
***************************************	39 Kickemuit Ave.
••••••	Bristol, RI 02809
FOURTH: The current mailing address of the lina person to whom communications may be directed are:	mited liability company and the name or title of
a person to whom communications may be directed are:	Edward J. Cox, II
***************************************	101 Tupelo Street
•••••	Bristol, RI 02809
FIFTH: A brief statement of the character of the is actually engaged in Rhode Island. Ownership, and	business in which the limited links it.
is actually engaged in Rhode Island Ownership and	Management of Investment Real Estate

Dated 9/27/ 19 93	
***************************************	oility Company) 3,5,7, 9 Davis Street, L.L.C
() value of Entitled FISE	- 0 - C
* D.,	Edward You b
	sident Agent
Title	OLOGIC PROTIL
* To be signed in the manner required by the 1	

^{*} To be signed in the manner required by the home state