

STATE OF REODE ISLAND AND PROPERCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporate vs. Freeiston 100 North Arain Street Providence, Rf 62/93-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filling Period: September 1 - November 1 • Filling Fee: \$50.00

2005

| (FORM MUST BE TYPED | OR PRIN | TED IN BLACK) | 7 | | | | |
|---|-------------|--|--|-----------------------------------|---------------------|----------------|-------------|
| 1. IID No. 81292 | 2 Exact | 2 Exact name of the limited hability company | | | | | |
| | JOE M | IARQUES REALTY, L | | | | | |
| 3. State of Formation 4. Brief description of the character of the business | | | e character of the husiness who | ich is actually conducted in | Rhode Island | | |
| RHODE ISLAND OWNERSHIP & MANAGEMENT OF RI | | | INAGEMENT OF REAL E | ESTATE | | | |
| 5. Principal office address | i | <u> </u> | | City | State | | Zip |
| 161 Rand Str | | | | Central Fall | · · | I | 02863 |
| 6. MAILING ADDRES | SS OF L | IMITED LIABILITY | COMPANY AND NAME | OR TITLE OF CONTA | CT PERSON: | • | '• <u>-</u> |
| Contact Name | | | | Contact Title | | | · |
| Jospeh Marq | ues | | | Member | | | |
| Street Address | | | | City | State | | Zip |
| 161 Rand St | reet | | | Central Fall | s RI | | 02863 |
| 7. NAME AND ADDE | RESS OF | EACH MANAGER C | OF THE LIMITED LIABI | ILITY COMPANY, IF A | PPLICABLE | | |
| | | FILL IN SPACES | BEFORE USING ATTAC | CHMENTS ("X" BOX | (FOR ATTACHMEI | <i>∀T)</i> □ | |
| | Y MODII | FICATIONS TO MAN | NAGERS REQUIRES FIL | ING OF AMENDMENT | Г. R.I.G.L. 7-16-12 | (a) (2) / 7-16 | 5-52 |
| Manager Name | | | | Manager Name | | | |
| Joseph Marqu | ues | | | | | | |
| Street Address | | | | Street Address | | | |
| 161 Rand St | reet | <u> </u> | | | | | |
| Cin Central Fa | lls | State RI | ^{χφ} 02863 | City | State | | Zip |
| Manager Name | •••••• | ·········· | 1 | Manager Name | | •••••• | J |
| | | | | | | | |
| Sinvel Address | | | | Street Address | | | |
| | | | | | | | |
| City | | State | Z.(p | City | State | | 7.40 |
| P PECIDENT ACENT | - 1N DW | ODE ISLAND DOL | | | 1 | | |
| Agent Name | liv Kn | DOF ISTAND - DO M | NOT ALTER - Changes | require filing of For. Address | m 642 - R.I.G.L. 7 | -16-11 | |
| MICHAEL A. ST. PIERR | RE, ESQ. | | · | REVENS LANNI & REVE | ENS . | | |
| Address | | | - | City Ztp | | | |
| 946 CENTERVILLE RO | AD | | | WARWICK | | 1 ' | |
| | | | THAIR THE PARTY OF | | 02886 | | |

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

| File Date | 10/13/05 .81292. |
|-----------|---------------------------------|
| Check No | 1974 |
| Ву: | CXC |
| | 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.

| Signapure of Authorized Person | 10.5.0 |
|--------------------------------|--------|
| Signature of Authorized Person | Date |
| ✓ Joseph Marques | |

Print or Type Name of Authorized Person



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

Matthew A. Brown, Secretary of State

Committees The serve 100 North Main Street Providence, RI 02903-1335 401 222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004 Filing Period: September 1 - November 1 - Filing Fee: \$50.00

| (FORM MUST BE TY | | | | | | | |
|--|--|--|--|-----------------------------|--------------|--|--|
| 1. ID No | | 2. Exact name of the limited liability company | | | | | |
| 81292 | JOE MARQUES RI | JOE MARQUES REALTY, LLC: | | | | | |
| 3. State of Formation | | | ness which is actually conducted in Rhode Isla | and | 4. | | |
| RHODE ISLAN | <u> </u> | HIP & MANAGEMENT OF | | | | | |
| 5. Principal office ad | | • | City | State | Zip | | |
| 161 Rand | | | Central Falls | RI | 02863 | | |
| 6. MAHING ADD Contact Name Joseph Ma | | BILITY COMPANY AND | NAME OR TITLE OF CONTACT PER Contact Title Member | RSON: | ' | | |
| Street Address | · · · · · · · · · · · · · · · · · · · | | City | l e | · I | | |
| 161 Rand | Street | | Central Falls | State RI | 02863 | | |
| 7 NAME AND AL | DDDEES OF TACH MAN | 4 CER AN AUG | LIABILITY COMPANY, IF APPLICA | | 02003 | | |
| | FILL IN S | PACES BEFORE USING | ATTACHMENTS ("X" BOX FOR A ES FILING OF AMENDMENT, R.I.G. : | TTACHMENT) | 2) / 7-16-52 | | |
| | | | : Manager Name | Manager Name | | | |
| Joseph Ma | rques | | | | | | |
| 161 Rand | a. | | Street Address | | | | |
| TOT Kand | Street | | • | | | | |
| City | State | Zφ | City | State | Ztp | | |
| · | State | χ _ψ 02863 | City | State | Zip | | |
| City | State | 1 ' | City Manager Name | State | Zip | | |
| Giv Central F | State | 1 ' | | State | Zip | | |
| City Central F Manager Name Street Address | alls RI | Ó2863 | Manager Name Street Address | | Zip | | |
| City Central F Manager Name | State | 1 ' | Manager Name | State State | Zip Zip | | |
| City Central F Manager Name Street Address City 8. RESIDENT AG | alls RI | Ö2863 | Manager Name Street Address | State | Zip | | |
| City Central F Manager Name Street Address City 8. RESIDENT AG Agent Name | alls RI State State RI State State | Ö2863 | Manager Name Street Address City anges require filing of Form 642 Address | State | Zip | | |
| City Central F Manager Name Street Address City 8. RESIDENT AGAGENT Name MICHAEL A ST. F | alls RI State State RI State State | Ö2863 | Manager Name Street Address Gity anges require filing of Form 642 | State - R.1.G.L. 7-16-11 | Zip | | |
| City Central F Manager Name Street Address City 8. RESIDENT AG Agent Name | alls RI State State ENT IN RHODE ISLAND PIERRE ESO | Ö2863 | Manager Name Street Address City anges require filing of Form 642 Address REVENS LANNI & REVENS | State R.1.G.L. 7-16-11 | Zip | | |

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

| File Date _ | 1-13-05- | į |
|-------------|-----------------------------|---|
| Check No | 1912 | |
| B v: | Q. | _ |
| FO | 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.

Joseph Marques

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



STATE OF TOROD. ISLAND AND PROVIDENCE PLANTATIONS office of the Secretary of State

Matthew A. Broten, Secretary of State

100 № vib Main Street Froudence, RI 02993-1535

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

| Filing Period: Septe | | | 00 | | | | |
|--|----------------------------|---------------------------------------|--|---------------------|-------------------|--|--|
| (FORM MUST BE 1YPED 1 #2 No. 81292 | 2 Exact name of the la | | | | | | |
| 3 State of Formation 4 Brief description of the character of the busines | | | iness which is actually conducted in Rivide I | slavid | | | |
| RHODE ISLAND | OWNERS | IIP & MANAGEMENT OF R | REAL ESTATE | • | | | |
| 5. Principal office addres | | | City | State | Zap | | |
| 161 Rand | Street | | Central Falls | RI | 02863 | | |
| 6. MAILING ADDRI Contact Name Joseph M | | BILITY COMPANY AND | NAME OR TITLE OF CONTACT PR Contact little Member | ERSON: | ' | | |
| Sircet Audress 161 Rand | Street | <u></u> | Cay Central Falls | State RI | Zsp С2863 | | |
| | FILL IN Y MODIFICATIONS | SPACES BEFORE USING | D LIABILITY COMPANY, IF APPLIC ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.O | ATTACHMENT) |] 2) / 7-16-52 | | |
| Street Address 161 Rand 5 | Street | · · · · · · · · · · · · · · · · · · · | Street Address | - | | | |
| Central Fa | state RI | 2φ 92863 | City | State | Zip | | |
| Manager Name | ****************** | ••••••••••••••••••••••••••••••• | Manager Name | •••••• | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zıp | City | State | Zip | | |
| 8. RESIDENT AGEN Agent Name | T IN RHODE ISLAN | D - DO NOT ALTER - Ch | nanges require filing of Form 64. | 2 - R.I.G.L. 7-16-1 | 1 | | |
| MICHAEL A. ST. PIERF | RE, ESQ. | | REVENS LANNI & REVENS | | | | |
| Address 946 CENTERVILLE RO | AD | | City: | 17 | | | |

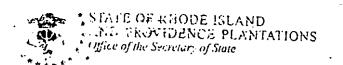
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

| * 0 1 2 9 2 * |
|---------------------------------|
| File Date 11 13 07 |
| Check No 816 |
| By |
| 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.

Wseph Marques

Print or Type Name of Authorized Person



Edward S. Inmun. 112, Secretary of State Corporations Division 102 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

| (FORM MUST BE TYP | PED OR PR | INTED IN BLAC | ♥ | U | | |
|----------------------------|-----------|--|--------------------------------|--|-------------------|-------------------------------|
| 7. ID No. | 2. Exact | name of the limit | TY, LLC | The second secon | 1 10 Y 2 10 W | Carlotte of the second second |
| 3. State of Formation | 1 | 4. Brief description | on of the character of the bus | iness which is actually conducted in R | llands labourer | |
| RHODE ISLAND | 1 | OWNERSHIP | & MANAGEMENT OF RE | AL ESTATE | node isiana: ./ | |
| 5. Principal office addi | ress | | | City | State | |
| 161 Rand | Street | : | | Central Falls | RI | Zip |
| 6. MAILING ADD | RESS O | FLIMITEDL | IABILITY COMPANY | AND NAME OR TITLE OF | | 02863 |
| | | ·•··· / / | | Contact Title | CONTACT PE | RSON: |
| Joseph Ma | arques | | | Member | | |
| Street Address | | | | City | State | 7: |
| 161_Rand | Street | <u>. </u> | | • • • • • | | Zip |
| 7. NAME AND ADD | RESS O | FEACH MAN | AGER OF THE LIMIT | Central Falls FED LIABILITY COMPANY, | LRT | c 2863 |
| | | ATTE THE OWN | TO DELOKE OSING AL | TACHMENTS /YY" RAY EAR | 47740000 | - |
| Manager Name | ANY MO | DIFICATIONS TO | MANAGERS REQUIRES | FILING OF AMENDMENT. R.I.G. | L 7-16-12 (a) (2) | , / 7-16-52 |
| Joseph M | | | | · muhager runte | | |
| Street Address | arques | | | • | | |
| 31reer Address 161 Rand | Street | <u>.</u> | | • Street Address | | |
| City | | State | Zip | *City | State | Zip |
| Central Fall | s | RI | 02863 | : ' | | lí |
| Manager Name | | • • • • • • | | *Manager Name | | |
| Street Address | | · | | ·Street Address | | |
| City | Ţ | State | Zip | City | State | Zip |
| 8. RESIDENT AGEN | T IN RH | ODE ISLAND - | DO NOT ALTER- Chang | ges require filing of Form | 642 - R.I.G.L. 7 | -16-11 |
| Agent Name | | · · · · · · · · · · · · · · · · · · · | | Address | | |
| MICHAEL A. ST. PIER | RRE, ESQ. | | | REVENS LANNI & REVENS | | |
| Address | | - | | City | | Сір |
| 946 CENTERVILLE ROAD | | | | WARWICK | Ì | 02886 |
| | | | | | L | · |
| | | | | | | |
| | | | | | | |

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



| 11-12-02 File Date | | | |
|---------------------------------|--|--|--|
| Check No. 1733 | | | |
| By: Ze | | | |
| 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.

| Signifium of Authorized Po | W | ary- | w | 9/26/02 |
|----------------------------|-------|------|------|---------|
| Signiture of Authorized Po | erson | , 0 | Date | |

Joseph Marques

Print or Type Name of Authorized Person

Terbs filed annually between September 1 and November 1

-4€}}• 5



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 81292 | Annual Report for the year 2001 |
|---------------------------------|--|--|
| 1. | The name of the limited liability compar | ny is: |
| | JOE MARQUES REALTY, LLC | |
| 2. | The address of the principal office of the 161 Rand Street, Central Fall | • • |
| 3. | The state or other jurisdiction under the | e laws of which it is formed is RHODE ISLAND |
| 4. | The name and address of its resident a | agent is: MICHAEL A. ST. PIERRE, ESQ. |
| | REVENS LANNI & REVENS 946 CEN | TERVILLE ROAD WARWICK RI 02886 |
| 5. | may be directed are:Joseph_Mai | ted liability company and the name or title of a person to whom communications rques Street, Central Falls, RI |
| 6.7. | state: Ownership and manac | the business in which the limited liability company is actually engaged in this gement of real estate lagers, the name and address of each manager of the limited liability company |
| | Name | Address |
| | Joseph Marques | 161 Rand Street, Central Falls, RI |
| Da | ated 9 6 0 1 8 1 2 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. JOE MARQUES REALTY, I.L.C Exact Name of Limited Liability Company |
| | FOR SECRETARY OF STATE USE ONLY Date: 7-13-07 eck No.: 1645 | By coeph Trace Green No. 632 Revised 01/99 |

DETACH BOTTOM BEFORE RETURNING

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

| D | Number | DLLC 81292 | 1 |
|---|--------|------------|---|
| | | | |

| ID | Number DLLC 81292 | Annual Report for the year 2000 | |
|--------|--|--|--|
| 1. | The name of the limited liability com | pany is: | |
| | JOE MARQUES REALTY, LLC | | |
| 2. | The address of the principal office of | ihe limited liability company is: | |
| | 161 Rand Street, Central | Falls, RI 02863 | |
| 3. | . The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | |
| 4. | The name and address of its resident agent is: MICHAEL A. ST.PIERRE | | |
| | REVENS,LANNI,REVENS & ST.PIE | RRE 946 CENTERVILLE ROAD WARWICK RI 02886 | |
| 5. | | mited liability company and the name or title of a person to whom communications | |
| | may be directed are: Joseph Marques, 161 Rand Street, Central Falls, RI | | |
| | | | |
| 6. | A brief statement of the character of | of the business in which the limited liability company is actually engaged in this | |
| | state: Ownership and manage | ment of real estate | |
| 7. | If the limited liability company has many | anagers, the name and address of each manager of the limited liability company Addiess | |
| | Joseph Marques | 161 Rand Street, Central Falls, RI | |
| | | | |
| | | | |
| | a/ / . | | |
| Dat | med 9/26/心 | 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. | |
| | | JOE MARQUES REALTY, LLC | |
| | | Exact Name of Limited Liability Company | |
| File I | FOR SECRETARY OF STATE USE ONLY Date: | By Joseph margare | |
| Chec | ik No.: 1559 | | |
| Ву: | De | Title Form No. 632 Revised 21.99 | |



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

| ID | Number LL 81292 | Annual Report for the year 1999 | |
|---|---|--|--|
| 1. | The name of the limited liability company is: | | |
| | JOE MARQUES REALTY, LLC | · | |
| 2. | 2. The address of the principal office of the limited liability company is: 161 Rand Street, Central Falls, RI 02863 | | |
| 3. | The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | |
| The name and address of its resident agent is: MICHAEL A. ST.PIERRE | | | |
| | | 946 CENTERVILLE ROAD WARWICK, RI 02886 | |
| 5. | | | |
| 6. 7 | state: Ownership and mana | e business in which the limited liability company is actually engaged in this gement of real estate ers, the name and address of each manager of the limited liability company | |
| | Joseph Marques | Address 161 Rand Street, Central Falls, RI | |
| Date | ted* 8 1 2 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. JOE MARQUES REALTY, LLC Exact Name of Limited Liability Company | |
| ile [| FOR SECRETARY OF STATE USE ONLY Date: Ck No.: (4) | By A creph M. Mayus Member Title Form No. 632 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 | | | |
|--|--|--|--|
| ID | Number <u>LL 81292</u> | Annual Report for the year 1998 | |
| 1. | I. The name of the limited liability company is: JOE MARQUES REALTY, LLC | | |
| 2. | . The address of the principal office of the limited liability company is: 161 Rand Street, Central Falls, RI 02863 | | |
| 3. | The state or other jurisdiction under the la | ws of which it is formed is RHODE ISLAND | |
| 4. | The name and address of its resident age | nt is: MICHAEL A. ST.PIERRE | |
| 5. | | 946 CENTERVILLE ROAD WARWICK, RI 02886 mited liability company and the name or title of a person to whom | |
| | | Joseph Marques, 161 Rand Street, Central Falls, | |
| 6. | | business in which the limited liability company is actually engaged in this | |
| 7. If the limited liability company has managers, the name and address of each manager of the limited Name Address | | ers, the name and address of each manager of the limited liability company Address | |
| | Joseph Marques | 161 Rand Street, Central Falls, RI | |
| | | | |
| Da | ated <u>9/2/</u> , 19 <u>98</u> | 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. JOE MARQUES REALTY, LLC. | |
| | FOR SECRETARY OF STATE USE ONLY | Exact Name of Limited Liability Company | |
| | eck No.: 1400 | By Smal may | |
| Ву | 110 | Member Title | |
| | | Form No. LLC-19 | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

| ID | Number 0081292 | Annual Report for the year | 1997 |
|----------|--|---|-----------------|
| 1. | The name of the limited liability compan | y is: | |
| | JOE MARQUES REALTY, LLC | | |
| 2. | The address of the principal office of the limited liability company is: 161 Rand Street, Central Falls, RI 02863 | | |
| 3. | The state or other jurisdiction under the laws of which it is formed is:Rhode_Tsland | | |
| 4. | The name and address of its resident agent is: Michael A. St. Pierre, Esq., 946 Centerville Road, Warwick, RI 02886 | | |
| 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: | | |
| 6. 7. | state: Ownership and management | ent of real estate anagers, the name and address of each manager of the | |
| | company Name | Address | · |
| | Joseph Marques | 161 Rand Street, Central Falls, Rhode Isla | and |
| Da | ted /0-3/ 19 97 | Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and sthat all statements contained herein are true and correct. | statements, and |
| | DAID | JOE MARQUES REALTY, LLC Exact Name of Limited Liability Company | |
| _ | NOV D 4 1997 SEC'Y OF STATE | By Joseph In any | |

Form No LLC-19 Revised 8/97 #[ing Fee: \$50.00

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations

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

LIMITED LIABILITY COMPANY

LLC 1.D.# 81292

Annual Report for the year 1996

| FIRST: | he name of the limited liability company is: JOE MARQUES REALTY, LLC | | | | |
|------------|--|--|--|--|--|
| | : The address of the principal office of the limited liability company is: | | | | |
| SECOND: | 161 Rand Street, Central Falls, RI 02863 | | | | |
| THIRD: | The state or other jurisdiction under the laws of which it is formed is: Rhode Island | | | | |
| FOURTH: | H: The name and address of its resident agent is: Michael A. St. Pierre, Esq., Revens, Lanni, Revens & St. Pierre, 946 Centerville Road, Warwick, RI 02886 | | | | |
| 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: | | | | |
| SIXTH | A brief statement of the character of the business in which the corporation is actually engaged in this state: Ownership and management of real estate. | | | | |
| Dated | 19 96 JOE MARQUES REALTY, LLC Exact Name of Limited Liability Company | | | | |
| File Date: | 124 By Seek Margue 124 By Sobe signed in the manner required by the home state. | | | | |
| By: | LIO JOSEPH MARQUES | | | | |
| ' | retary of State Use Only | | | | |

FORM LLC-19 7/95

State of Rhode Island and Providence Plantations Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

| LLC I.D. # | 031292 | Annual Report for the year 1995 |
|------------|--|---|
| FIRST: | The name of the limited liabilit | ty company is: |
| | JOE MARQUES REALT | TY, LLC |
| SECOND: | The address of the principal of | office of the limited liability company is: |
| | 161 Rand Street | t, Central Falls, RI 02863 |
| THIRD: | The state or other jurisdiction Rhode Island | under the laws of which it is formed is: |
| FOURTH: | The name and address of its | resident agent is: 1erre, Esq., Revens, Lanni, Revens & St. Pierre |
| | 946 Centerville F | Road, Warwick, RI 02886 |
| FIFTH: | communications may be direct | of the limited liability company and the name or title of a person to whom cted are: 161 Rand Street, Central Falls, |
| SIXTH: | A brief statement of the chara state. Ownership and manager | acter of the business in which the corporation is actually engaged in this |
| Dated | 9/13 19 95 | JOE MARQUES REALTY, LLC, Exact Name of Limited Liability Company |
| | FILED | By Joseph Marques |
| | SEP 1 8 1995 | JOSEPH MARQUES Title MEMBER |
| | By Cc. (153 | - |

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

FORM LLC-19 7/95