

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 92903-1333
401 222,2040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TY							
7. ID No. 132599	2. Exact name of the Sorcerer, LLC	t name of the limited liability company					
3. State of Formation	4. Brief des	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	PURCHAS	E AND OPERATION O	P SAILING VESSELS OF AL	L KINDS			
5 Principal office add			City	State			
38 BELLEVUE AVENUE, UNIT H			NEWPORT	RI	Zip 02840-		
6. MAILING ADD	RESS OF LIMITE	D LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	02540-		
J. CRAIG VEN	TER		Confact Title MEMBER	OF COMPACT RE	RSONE		
Sireei Address			City	State			
9704 MEDICAL	CENTER DRIVE	- 4TH FLOOR	ROCKVILLE	MD	Zip		
7. NAME AND AD	DRESS OF EACH	MANAGER OF THE	LIMITED LIABILITY COM	This bill is proved to the control of the control o	20850		
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	ANY MODIFICATION	NS TO MANAGERS REQ	UIRES FILING OF AMENDMENT.	RIGI 7-16-12 (š) (2) (
Manager Name		Mile - printing and Proposition & S. Sankarai, A.	· Manager Name	C.C.C. 1-10-12 (a) (2):	7-16-5Z		
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City	State	Zip	*City	State	Zip		
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Munuger Nume Street Address							
			Manager Name Street Address				
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECR	ETARY 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 Parson

Date

J. CRAIG VENTER

Print or Type Name of Authorized Person



Office of the Secretary of State

Matthew A. Brown, Secretary of State

Gorperations Darwon 190 North Main Street Providence KL62003-1335 401-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

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RHODE ISLAND				of sailing vessels of all kinds			
5. Pernested office address			GR	Male	ZiĐ		
38 Bellevue Avenue, Unit H 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N			Newport NAME OR TITLE OF CONTAC		02840		
, intact Name			Contact Title	CI TERSON:			
J. Craig V	<u>Venter</u>		Member				
Street Adaress	·		City	State	Zap		
11210 Sout	th Glen Road		Potomac	MD	20854		
. NAME AND AI	DDRESS OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF AF	PDLICABLE	20634		
			RES FILING OF AMENDMENT.		/ / /· k O- / L		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7 16-66.

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 FILED

File Date

Check No. NOV 03 2004

By 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

10/29/04 Date

CRAIG VENTER

Print or Type Name of Authorized Person