



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 02903-1333  
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. 132599		2. Exact name of the limited liability company Sorcerer, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE AND OPERATION OF SAILING VESSELS OF ALL KINDS	
5. Principal office address 38 BELLEVUE AVENUE, UNIT H		City NEWPORT	State RI Zip 02940-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name J. CRAIG VENTER		Contact Title MEMBER	
Street Address 9704 MEDICAL CENTER DRIVE - 4TH FLOOR		City ROCKVILLE	State MD Zip 20850
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	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 STEVEN M. MCINNIS, ESQ.		Address 38 BELLEVUE AVENUE, UNIT H	
Address		City NEWPORT	Zip 02840-

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



1 3 2 5 9 9

\*132599 DLLC 09/02/05 12:41:46 PM\*

File Date 11-01-05

Check No. 17406

By 1UP

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.

J. CRAIG VENTER 10/28/05  
Signature of Authorized Person Date  
J. CRAIG VENTER  
Print 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 Division  
150 North Main Street  
Providence, RI 02903-1225  
401-222-5000LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>132599</b>		2. Exact name of the limited liability company <b>Sorcerer, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Purchase and operation of sailing vessels of all kinds</b>	
5. Principal office address <b>38 Bellevue Avenue, Unit H</b>		City <b>Newport</b>	State <b>RI</b>
		Zip <b>02840</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>J. Craig Venter</b>		Contact Title <b>Member</b>	
Street Address <b>11210 South Glen Road</b>		City <b>Potomac</b>	State <b>MD</b>
		Zip <b>20854</b>	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>STEVEN M. MCINNIS</b>		Address	
Address <b>38 BELLEVUE AVENUE, UNIT H</b>		City <b>NEWPORT</b>	Zip <b>02840-</b>

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



\* 1 3 2 5 9 9 \*

**FILED**

File Date

**NOV 03 2004**

Check No.

By **120026**

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.

Signature of Authorized Person

Date

**J. CRAIG VENTER**

Print or Type Name of Authorized Person