

**A. Ralph Mollis,** Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2007

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR\_

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.   88807   Koffler   Development, LLC
3. State of Formation Rhode Island To Develop, Lease, Sell and/or Manage Real Estate and Other Property  5. Principal office address 10 Memorial Blvd Suite 901 Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONSECTION Contact Name Richard J. Bornstein  Street Address 10 Memorial Blvd Suite 901 Providence Richard State Richard State Richard Suite 901 Richard State Richard Suite 901 Providence Richard State Richard Suite 901 Richard State
Rhode Island  To Develop, Lease, Sell and/or Manage Rel Estate and Other Property  5. Principal office address 10 Memorial Blvd Suite 901  RI  O2903  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Richard J. Bornstein  Street Address 10 Memorial Blvd Suite 901  City  State RI  O2903  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
5. Principal office address 10 Memorial Blvd Suite 901 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Richard J. Bornstein  Street Address 10 Memorial Blvd Suite 901 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
10 Memorial Blvd Suite 901  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Richard J. Bornstein  Street Address 10 Memorial Blvd Suite 901  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title  Richard J. Bornstein  Street Address  10 Memorial Blvd Suite 901  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
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FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)
Manager Name Manager Name
Richard J. Bornstein Anthony J. DeLuca
Street Address  10 Memorial Blvd Suite 901  Street Address  10 Memorial Blvd Suite 901
Providence State RI 22p 02903 City Providence RI 22p 02903
Manager Name C. Scott Chernick
Street Address 10 Memorial Blvd Suite 901 Street Address
Providence State RI Zip O2903 City State Zip State 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 Address
Scott J. Summer, Esq.
Address City Zip
400 Reservoir Avenue, Suite 3A Providence
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

88807

File Date	FILED
Check No	NOV 3 0 2007
Ву:	By 414 MMC
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, 1 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.

7.70 (1/K)

engine of Authorize Person

Richard J. Birnstein

Print or Type Name of Authorized Person