



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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. 103900		2. Exact name of the limited liability company Bagabond Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL PROPERTY	
5. Principal office address 15043 Tamarind Cay Court, #1404 14220 ROYAL HARBOR CT. UNIT 309		City Fort Myers	State FL
			Zip 33908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM A RIESSEN		Contact Title	
Street Address 15043 Tamarind Cay Court, #1404		City Fort Myers	State FL
			Zip 33908
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 William A. Riessen		*Manager Name	
Street Address 15043 Tamarind Cay Ct., #1404 14220 ROYAL HARBOR CT. UNIT 309		*Street Address	
City Fort Myers	State FL	Zip 33908	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*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 ROBERT B. BERKELHAMMER, ESQ.		Address ONE PARK ROW, SUITE 300	
Address		City PROVIDENCE	Zip 02903

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



103900 DLLC 09/22/04 10:20:13 AM

File Date 10/25/05

Check No. 1205

By: KMC

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.

William A. Riessen 10/27/05
Signature of Authorized Person Date

William A. Riessen
Print or Type Name of Authorized Person