



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/21/2006  
Business ID: 537651  
William M. Gardner  
Secretary of State

58 Spofford NH LLC  
58 Spofford St, Unit 8,  
Claremont, NH 03743

ADDRESS OF PRINCIPAL OFFICE:

58 Spofford St, Unit 8,  
Claremont, NH 03743

REGISTERED AGENT AND OFFICE:

King, Bert  
58 Spofford St Unit 8  
Claremont, NH 03743

ENTITY TYPE:	LLC
BUSINESS ID:	537651
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	20-2082261
property management	

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2  The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

3

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME A & E Freedom Nevada LP .....  
STREET 4535 W Sahara Ave 204 .....  
CITY/STATE/ZIP Las Vegas, NV 89102 .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4

Sign here:

Please print name and title of signer: Anthony J. Raiani, Pres., Raiani Associates, Inc / GP A & E Freedom Nevada LP

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529