



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 201718703 (must be 9 digits)

Annual Report Filing Year: 2007

1. The exact name of the Domestic Limited Liability Company (LLC) is: GUYS OF ANDOVER LLC, THE

2a. Location of its principal office:

No. and Street: 600 LORING AVE.
C/O CENTERCORP RETAIL PROPERTIES
City or Town: SALEM State: MA Zip: 01970 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 600 LORING AVE.
C/O CENTERCORP RETAIL PROPERTIES
City or Town: SALEM State: MA Zip: 01970 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO ENGAGE IN THE BUSINESS OF THE ACQUISITION, OWNERSHIP, OPERATION, FINANCING, MORTGAGING AND MANAGEMENT OF REAL ESTATE, AND TO DO ALL THINGS NORMALLY DONE IN THIS TYPE OF BUSINESS; AND OTHER ACTIVITIES LAWFULLY PERMITTED.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: ANDREW ROSE
No. and Street: 600 LORING AVE.
C/O CENTERCORP RETAIL PROPERTIES
City or Town: SALEM State: MA Zip: 01970 Country: USA

6. The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	ANDREW ROSE	600 LORING AVE. SALEM, MA 01970 USA

7. The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	ANDREW ROSE	600 LORING AVE. SALEM, MA 01970 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ANDREW ROSE	600 LORING AVE. SALEM, MA 01970 USA

9. Any additional matters the authorized persons determine to include therein:

ANY MANAGER OF THE LLC IS AUTHORIZED TO EXECUTE ON BEHALF OF THE LLC ANY DOCUMENTS TO BE FILED WITH THE SECRETARY OF STATE OF THE COMMONWEALTH OF MASSACHUSETTS.

ANY MANAGER OF THE LLC IS AUTHORIZED TO EXECUTE, ACKNOWLEDGE, DELIVER AND RECORD ANY RECORDABLE INSTRUMENT PURPORTING TO AFFECT AN INTEREST IN REAL PROPERTY.

**SIGNED UNDER THE PENALTIES OF PERJURY, this 20 Day of April, 2007,
ANDREW ROSE , Signature of Authorized Signatory.**