No. W 41620		Due no later than Aug 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPORATION SYSTEM			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.			1111 W JEFFERSON STE 530 BOISE ID 83702		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DONNA RODE	PRUDENTIAL INSURANCE AGENCY, LLC DONNA RODRIGUES 213 WASHINGTON ST 8TH FL NEWARK NJ 07102		USA			
	NEWARK NJ			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA ATE						
4. Limited Liability Companies: Ente	r Names and Addresse	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ELLIOTT	FINEMAN	213 WASHINGTON ST 17TH FL	NEWARK	NJ	USA	07102	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
N	Signature: Ja	Signature: Janice		Date: 08/25/2009			
W 41620	Name (type o	Name (type or print): Janice		Title: Pavlou			
Processed 08/25/2009	* Electronically p	* Electronically provided signatures are accepted as original signatures.					