


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 030 ****50.00

DOCUMENT # M0000000445					
1. Entity Name CITISTREET ASSOCIATES LLC					
Principal Place of Business 400 ATRIUM DRIVE SOMERSET, NJ 08873			Mailing Address 400 ATRIUM DRIVE SOMERSET, NJ 08873		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-2862391	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINBERG, PAUL S		NAME	MICHAEL K FARRELL	
STREET ADDRESS	400 STRIUM DRIVE		STREET ADDRESS	400 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, MARK M		NAME	THOMAS G. HOGAN JR	
STREET ADDRESS	400 ATRIUM DRIVE		STREET ADDRESS	400 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESARO, SUSAN T.		NAME		
STREET ADDRESS	400 ATRIUM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTINE, WILLIAM D		NAME	DANIEL D. JORDAN	
STREET ADDRESS	400 ATRIUM DRIVE		STREET ADDRESS	400 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, LYNNE C		NAME	LOLI M. RENZULLI	
STREET ADDRESS	400 ATRIUM DRIVE		STREET ADDRESS	400 ATRIUM DRIVE	
CITY-ST-ZIP	SOMERSET, NJ 08873		CITY-ST-ZIP	SOMERSET NJ 08873	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Susan Cesaro</u>			SUSAN CESARO		4/27/06 7325142211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

4000000



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