


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90018 011 ****50.00

DOCUMENT # M0100000694

1. Entity Name
 CITISTREET ADVISORS LLC



Principal Place of Business
 TWO TOWER CENTER
 EAST BRUNSWICK, NJ 08816

Mailing Address
 TWO TOWER CENTER
 EAST BRUNSWICK, NJ 08816

2. Principal Place of Business
 400 ATRIUM DRIVE
 Suite, Apt. #, etc.


3. Mailing Address
 400 ATRIUM DRIVE
 Suite, Apt. #, etc.

City & State
 SOMERSET, NJ

City & State
 SOMERSET, NJ

Zip
 08873

Country



03292005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 22-1862786

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUGHI, ROBERT C 525 VALLEY ROAD WATCHUNG, NJ 07060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, RAYMOND 2251 S. FORT APACHE LAS VEGAS, NV 89117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ATRIUM DRIVE SOMERSET NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEINBERG, PAUL S 2 MILWIN GATE RD. WEST ALLENHURST, FL 07711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ATRIUM DRIVE SOMERSET, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENZULLI, LORI M 22 GLEN EYRE DR. BRIDGEWATER, NJ 08807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400 ATRIUM DRIVE SOMERSET NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if 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: Paul S Feinberg PAUL S. FEINBERG 4/4/05 932-514-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #