

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000007011

1. Entity Name
WCOT GLENBROOK COMMONS FLA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 9:19

Principal Place of Business

C/O PRUDENITAL REAL ESTATE INVESTORS
PAMG,RE, ARBOR CIRCLE S., 8 CAMPUS DRIVE
PARSIPPANY, NJ 07054

Mailing Address

C/O PRUDENITAL REAL ESTATE INVESTORS
PAMG,RE, ARBOR CIRCLE S., 8 CAMPUS DRIVE
PARSIPPANY, NJ 07054



03172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-1472221

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

800128891298
05/09/08--01006--007 **338.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME THE PRUDENITAL INSURANCE COMPANY OF AMERIC
STREET ADDRESS PAMG-RE, ARBORC CIR. S, 8 CAMPUS DRIVE
CITY-ST-ZIP PARSSIPANY, NJ 07054

TITLE MGRM
NAME GLENBROOK COMMONS FLA, LLC
STREET ADDRESS C/O 1541 SUNSET DRIVE
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/08

305-666-2140