

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004342

Entity Name: WCOT LAGUNA LLC

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE PRUDENTIAL INSUR, ANCE COMPANY O F AMERIC  
Address: 8 CAMPUS DRIVE, 4TH FLOOR  
City-St-Zip: PARSEPPANY, NJ 07054

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE VERHOFF

AS

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date