# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 10, 2012**
**Secretary of State**

DOCUMENT# M06000004342

**Entity Name:** WCOT LAGUNA LLC

**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
Name: THE PRUDENTIAL INSURANCE COMPANY OF AMERIC
Address: 8 CAMPUS DRIVE, 4TH FLOOR
City-St-Zip: PARSIPPANY, NJ 07054

I hereby 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 Statues.

SIGNATURE: DANIEL MCKEEVER VP 01/10/2012

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