

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4360
FILED
Sep 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055333

1. Entity Name
8 CENTURY ASSOCIATES, LLC



Principal Place of Business
50 N. WATER STREET
C/O GREENFIELD PARTNERS, LLC
S. NORWALK, CT 06854

Mailing Address
50 N. WATER STREET
C/O GREENFIELD PARTNERS, LLC
S. NORWALK, CT 06854



08282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1413981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301

**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

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000576792
09/14/06-80003-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARAB, EUGENE 50 NORTH WATER ST NORTH NORWALK, CT 06254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MARCUS, BARRY P 50 NORTH WATER ST SOUTH NORWALK, CT 06854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SOTTER, DEAN 676 N MICHIGAN, SUITE 3000 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRADLEY, MICHAEL 50 NORTH WATER ST SOUTH NORWALK, CT 06854
TITLE NAME STREET ADDRESS 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 #

8.22.06