

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055333

FILED
Mar 20, 2009
Secretary of State

Entity Name: 8 CENTURY ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

50 NORTH WATER STREET SOUTH NORWALK
SOUTH NORWALK, CT 06854

Current Mailing Address:

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

New Mailing Address:

50 NORTH WATER STREET SOUTH NORWALK
SOUTH NORWALK, CT 06854

FEI Number: 20-1413981

FEI Number Applied For ()

FEI Number Not Applicable ()

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: P () Delete
Name: GORAB, EUGENE
Address: 50 NORTH WATER ST
City-St-Zip: NORTH NORWALK, CT 06254

Title: SVP (X) Delete
Name: MARCUS, BARRY P
Address: 50 NORTH WATER ST
City-St-Zip: SOUTH NORWALK, CT 06854

Title: SVP (X) Delete
Name: SOTTER, DEAN
Address: 676 N MICHIGAN, SUITE 3000
City-St-Zip: CHICAGO, IL 60611

Title: SVP (X) Delete
Name: BRADLEY, MICHAEL
Address: 50 NORTH WATER ST
City-St-Zip: SOUTH NORWALK, CT 06854

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARCUS, BARRY P
Address: 50 NORTH WATER STREET
City-St-Zip: NORTH NORWALK, CT 06854

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

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

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: LAURA LOUIS

POA

03/20/2009

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