


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000071294**  
 1. Entity Name  
**POINTPLAZ LOT 2 LLC**



Principal Place of Business <b>C/O RUDCO PROPERTIES, INC.          365 WEST PASSAIC STREET          ROCHELLE PARK, NJ 07662</b>	Mailing Address <b>C/O RUDCO PROPERTIES, INC.          365 WEST PASSAIC STREET          ROCHELLE PARK, NJ 07662</b>
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**DO NOT WRITE IN THIS SPACE**



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>22-3553329</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**UCC FILING & SEARCH SERVICES, INC.  
 1574 VILLAGE SQUARE BLVD.  
 STE. 100  
 TALLAHASSEE, FL 32309**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

000000913821  
 05/08/08-80032-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CENTURY GROUP I LLC 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662</b>
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**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:**  **CHRISTOPHER E. HAGEN** 4/18/08 (201) 712-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #