## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT



40070603

Principal Place of Business C/O RUDCO PROPERTIES, INC. **365 WEST PASSAIC STREET** ROCHELLE PARK, NJ 07662

POINTPLAZ LOT 3 LLC

1. Entity Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**DOCUMENT # L06000071298** 

Mailing Address

C/O RUDCO PROPERTIES, INC. **365 WEST PASSAIC STREET** ROCHELLE PARK, NJ 07662

| 2. Principal Place of Business - No P.O. Box #                              |   | 3. Mailing Address  |                                       |   | 1   10 EU 01: 01: 01: 01: 01: 01: 01: 01: 01: 01: |                |              |            |  |
|---|---|---------------------|---------------------------------------|---|---|----------------|--------------|------------|--|
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |                                       | 01052007  | Chg-LLC   | CR2E083        | 3 (12/06)    |            |  |
| City & State  |   | City & State        |                                       | 4. FEI Numb   | 22-35   | 53329          | 7 <u>—</u> — | oplied For |  |
| Zip   | Country   | Zip                 | Country                               | 5. Certificate  | of Status Desired                                 |                | 5.00 Add     | fitional   |  |
|   | 6. Name and Address of Current  | Registered Agent    |                                       | 7. Name and   | Address of New R                                  | egistered Ag   | ent          |            |  |
| UCC FILING & SEARCH SERVICES, INC.<br>1574 VILLAGE SQUARE BLVD.<br>STE. 100 |   |                     | Name<br>Street Addres                 | Name Street Address (P.O. Box Number is Not Acceptable) |   |                |              |            |  |
| TALLAHASSEE, FL 32309   |   |                     |                                       |   |   |                |              |            |  |
|   |   |                     | City                                  |   |   | FL             | Zip Cod      | θ          |  |
|   | named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent. |                     | egistered office or regis             |   | th, in the State of Flo                           | rida. I am far | niliar with, | and accept |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                 |   |                     |                                       |   | Make check payable to Florida Department of State |                |              |            |  |
| 9.  | MANAGING MEMBERS/MANAGERS 1   |                     |                                       | ADDITIONS/CHANGES                                       |   |                |              |            |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | MGRM CENTURY GROUP I LLC 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662  | Delete              | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | [              | _ Change     | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | [              | Change       | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | [              | _ Change     | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | [              | Change       | ☐ Addition |  |

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 of the receiver of the empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Detete

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE LHLISTOPHIL

712-1300 Daytime Phone #

☐ Change

☐ Change

■ Addition

☐ Addition

FILED

Apr 19, 2007 8:00 am Secretary of State

04-19-2007 90041 048 \*\*\*\*50.00