## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AN
Secretary of State

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1. Entity Name SEMLAK LOT 1 LLC



Principal Place of Business

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

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



01092008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	-	Applied For
	16-1502553		Not Applicable
5.	Certificate of Status Desired		\$5,00 Additional Fee Required

NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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	<ol> <li>I am familiar with, and accept</li> </ol>
the obligations of registered agent.	
CIONATURE	

(NOTE: Registered Agent aignature required when reinstating)

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

U00000913055 05/08/08-80032-007 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGRM ONEIDA GLENWOOD ASSOCIATES, L.P. 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662
NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby indicated	certify that the information supplied with this filling does not qualify for the ex on this report is true and accurate and that my signature shall have the sar

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 eath; 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

CARISTOPHER E. HAGENS 4/8/08 (201) 712-1300

Daytime Phone #