


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L06000071335</b> 1. Entity Name <b>SEMLAK LOT 4 LLC</b>	
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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**



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>16-1502553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>UCC FILING &amp; SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD. STE. 100 TALLAHASSEE, FL 32309</b>
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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)

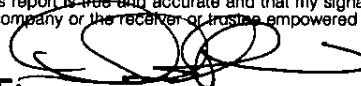
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

05/08/08-80032-011 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ONEIDA GLENWOOD ASSOCIATES, L.P. 365 WEST PASSAIC STREET ROCHELLE PARK, NJ 07662</b>
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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. HAGENS** **4/18/08** **(201) 712-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #