


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000002351</b> 1. Entity Name HEP-2-COL, L.C.	
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Principal Place of Business C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE, 4TH FL, ARBOR CIR. SOUTH PARSIPPANY, NJ 07054-4493	Mailing Address C/O PAMG-RE LAW DEPARTMENT 8 CAMPUS DRIVE, 4TH FL, ARBOR CIR. SOUTH PARSIPPANY, NJ 07054-4493
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02062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3542006	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM THE PRUDENTIAL INSURANCE COMPANY OF AMERIC 8 CAMPUS DR 4TH FL PARSIPPANY, NJ 07054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/11/06-80055-004 50.00

**DO NOT WRITE  
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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: Kevin R. Smith 4/24/06 973-734-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kevin R. Smith, Vice President  
The Prudential Insurance Company of America