

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002351

FILED
Jan 16, 2009
Secretary of State

Entity Name: HEP-2-COL, L.C.

Current Principal Place of Business:

C/O PAMG-RE LAW DEPARTMENT
8 CAMPUS DRIVE, 4TH FL, ARBOR CIR. SOUTH
PARSIPPANY, NJ 070544493

New Principal Place of Business:

Current Mailing Address:

C/O PAMG-RE LAW DEPARTMENT
8 CAMPUS DRIVE, 4TH FL, ARBOR CIR. SOUTH
PARSIPPANY, NJ 070544493

New Mailing Address:

FEI Number: 59-3542006 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE PRUDENTIAL INSUR, ANCE COMPANY O F AMERIC
Address: 8 CAMPUS DR 4TH FL
City-St-Zip: PARSIPPANY, NJ 07054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE VERHOFF

AS

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date