

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000002351

**FILED**  
**Jan 20, 2011**  
**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  
Name: THE PRUDENTIAL INSURANCE COMPANY OF AMERIC  
Address: 8 CAMPUS DR 4TH FL  
City-St-Zip: PARSIPPANY, NJ 07054

I hereby 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 MARCUS

VP

01/20/2011

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