

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000244

FILED  
May 01, 2006  
Secretary of State

Entity Name: PRUDENTIAL INVESTMENTS LLC

**Current Principal Place of Business:**

100 MULBERRY STREET  
GATEWAY CENTER THREE  
NEWARK, NJ 07102

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON STREET  
8TH FLOOR- TAX DEPT.  
NEWARK, NJ 071022992

**New Mailing Address:**

FEI Number: 22-2347336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: P ( ) Delete  
Name: RICE, JUDY A  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: S ( ) Delete  
Name: HEALEY, WILLIAM V  
Address: 100 MULBERRY ST., GC3  
City-St-Zip: NEWARK, NJ 07102

Title: T ( ) Delete  
Name: TANJI, KENNETH  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: VP ( ) Delete  
Name: SZUHANY, ROBERT  
Address: 213 WASHINGTON STREET  
City-St-Zip: NEWARK, NJ 07102

Title: SVP ( ) Delete  
Name: ANDREWS, RONALD K  
Address: 100 MULBERRY STREET  
City-St-Zip: NEWARK, NJ 07102

Title: SVP ( ) Delete  
Name: AUGSBURGER, LEE D  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

**ADDITIONS/CHANGES:**

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

Title: S (X) Change ( ) Addition  
Name: QUIRK, KATHRYN  
Address: 100 MULBERRY ST., GC3  
City-St-Zip: NEWARK, NJ 07102

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SZUHANY

VP

05/01/2006

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