FILED Apr 17, 2007 8:00 am Secretary of State

2007	LIMITED	LIABILI	TY C	OMPANY
	ANNU	IAL REF	PORT	•

DOCUMENT # M0000000445 1. Entity Name METLIFE ASSOCIATES LLC							04-17-2007	90256 021	l ****5(0.00
Principal Place of Business 400 ATRIUM DRIVE SOMERSET, NJ 08873		Mailing Address 400 ATRIUM DRIVE SOMERSET, NJ 08873			60037856					
Principal Place of Business - No P.O. Box # One MetLife Plaza Suite, Apt. #, etc.		3. Mailing Address One MetLife Plaza Suite Apt. #. etc.								
27-01 Queens Plaza N. City & State Long Island City, NY		27-01 Queens Plaza N. City & State			4. FEI Numbe		CR2E083		plied For	
Zip	.101	Country USA	Long Island (Zip 11101	Country	usa	13-2862 5. Certificate	2391 of Status Desired		5.00 Add	
		and Address of Current R				7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
				Cit	у			FL	Zip Code	•
8. The above the obligat	named entiti tions of regist	y submits this statement for tered agent.	the purpose of changing its	registered off	ice or register	ed agent, or both	h, in the State of Flo	· - I	niliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	od tille if applicable. (NOTE	Registered Agen	signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							e check pay Departmen			
9.						I .				
	I n	MANAGING MEMBER		10.			ADDITIONS/			
TITLE NAME STREET ADORESS CITY-ST-ZIP	400 ATRI	MANAGING MEMBER ., MICHAEL K UM DRIVÉ ET, NJ 08873	S/MANAGERS Delete	10. TITLE NAME STREET ADD CITY-ST-ZII	Mich 10 F	nd Direct nael K. F Park Aven	or arrell ue		Сћапде	Addition
name Street adoress	FARRELL 400 ATRI SOMERS VP HOGAN, 400 ATRI	., MICHAEL K UM DRIVÉ ET, NJ 08873 THOMAS G JR UM DRIVE		TITLE NAME STREET ADD	Mich 10 F Morr VP & Thom 400	nael K. F Park Aven Listown, Directo nas G. Ho Atrium D	cor Carrell NJ 07962 or Ogan, Jr.	C	Change Change	Addition Addition
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