2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90256 021 ****50.00

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DOCUMENT # M00000000445

1. Entity Name
METLIFE ASSOCIATES LLC

Principal Place of Business	Mailing Address
400 ATRIUM DRIVE SOMERSET, NJ 08873	400 ATRIUM DRIVE SOMERSET, NJ 08873

04102007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
One MetLife Plaza	One MetLife Plaza
Suite, Apt. #, etc.: 27-01 Queens Plaza N.	Suite, Apt. #, etc.: 27-01 Queens Plaza N.
City & State: Long Island City, NY	City & State: Long Island City, NY
Zip: 11101 Country: USA	Zip: 11101 Country: USA

4. FEI Number: 13-2862391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FARRELL, MICHAEL K 400 ATRIUM DRIVE SOMERSET, NJ 08873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P and Director Michael K. Farrell 10 Park Avenue Morristown, NJ 07962	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOGAN, THOMAS G JR 400 ATRIUM DRIVE SOMERSET, NJ 08873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Director Thomas G. Hogan, Jr. 400 Atrium Drive Somerset, NJ 08873	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CESARO, SUSAN T. 400 ATRIUM DRIVE SOMERSET, NJ 08873	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Anthony J. Williamson One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JORDAN, DANIEL D 400 ATRIUM DRIVE SOMERSET, NJ 08873	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Daniel D. Jordan 501 Boylston Street Boston, MA 02116	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RENZULLI, LORI M 400 ATRIUM DRIVE SOMERSET, NJ 08873	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer Leo R. Brown One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer Joseph A. Zdeb One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Leo R. Brown Leo R. Brown, Assistant Treasurer, 04/11/2007, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #