2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000515

1. Entity Name

Principal Place of Business

365 WEST PASSAIC STREET

C/O RUDEO PROPERTIES, INC.

ROCHELLE PARK, NJ 07662

CENTURY ASSOCIATES AUBURNDALE LLC



Mailing Address

365 WEST PASSAIC STREET C/O RUDEO PROPERTIES, INC. ROCHELLE PARK, NJ 07662

FILED Apr 22, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 22-3714430

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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U0000091**381**3

05/08/08-80032-001 138.75

	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. the obligations of registered agent.	I am familiar with, and accept
SI	IGNATI IRE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	CENTURY ASSOCIATES LIMITED	
STREET ADDRESS	365 WEST PASSAIC STREET	
CITY-ST-ZIP	ROCHELLE PARK, NJ 07662	
TITLE		
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CITY-ST-ZIP		
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Osvima Phone #