

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90082 003 ****50.00

DOCUMENT # M02000000490	
1. Entity Name HARTFORD LIFE PRIVATE PLACEMENT, LLC	

Principal Place of Business 100 CAMPUS DRIVE SUITE 250 FLORHAM PARK, NJ 07932	Mailing Address 100 CAMPUS DRIVE SUITE 250 FLORHAM PARK, NJ 07932
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

20004874



01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0573691	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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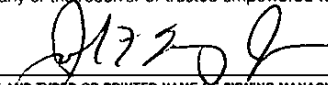
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHONEY, JOSEPH F JR. 100 CAMPUS DRIVE, SUITE 250 FLORHAM PARK, NJ 07932 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDRIOLA, DANIEL A. 100 CAMPUS DRIVE, SUITE 250 FLORHAM PARK, NJ 07932 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRA, THOMAS M 200 HOPMEADOW STREET SIMSBURY, CT 06089 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOYCE, STEPHEN T. 200 HOPMEADOW ROAD SIMSBURY, CT 06089 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  **1/30/06** **973-966-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #