

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90023 015 \*\*\*\*50.00

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04062005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M04000000482</b> 1. Entity Name <b>PRUDENTIAL EQUITY GROUP, LLC</b>					
Principal Place of Business <b>1 NEW YORK PLAZA, 15TH FLOOR NEW YORK, NY 10292-2015</b>			Mailing Address <b>1 NEW YORK PLAZA, 15TH FLOOR NEW YORK, NY 10292-2015</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>22-2347736</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRANGFELD, JOHN R JR. 751 BROAD STREET, 24TH FLOOR NEWARK, NJ 07102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, RODGER A 751 BROAD STREET, 24TH FLOOR NEWARK, NJ 07102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICE, JUDY A GATEWAY CENTER 3/100 MULBERRY ST., 14TH FL NEWARK, NJ 07102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEA, MICHAEL J ONE NEW YORK PLAZA, 15TH FLOOR NEW YORK, NY 10292	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBERG, HOWARD ONE NEW YORK PLAZA, 16TH FLOOR NEW YORK, NY 10292	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, BRIAN ONE NEW YORK PLAZA, 16TH FLOOR NEW YORK, NY 10292	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Robert Szuhany 213 Washington St Newark, NJ 07102				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Robert A Szuhany</u> <u>4/8/05</u> <u>(973) 802-4246</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					