

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000831

1. Entity Name
PRU PINEAPPLE COMMONS, LLC



Principal Place of Business

ARBOR CIRCLE SOUTH, 8 CAMPUS DRIVE
PAMG-RE
PARSIPPANY, NJ 07054

Mailing Address

ARBOR CIRCLE SOUTH, 8 CAMPUS DRIVE
PAMG-RE
PARSIPPANY, NJ 07054



07062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2309655

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

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
ARBOR CIRCLE SOUTH, 8 CAMPUS DRIVE
PARSIPPANY, NJ 07054

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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000000575737
08/31/06-80001-020 50.00

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IN THIS SPACE**

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.

PRU PINEAPPLE COMMONS, LLC

By: The Prudential Insurance Company of America sole member

SIGNATURE: By:

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

8/7/06 973-734-1300

Date Daytime Phone #