

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002437

FILED
Jul 30, 2008
Secretary of State

Entity Name: THE LTC PARTNERSHIP, LLC

Current Principal Place of Business:

400 INTERPACE PKWY MOMS CORP CTR #3
BLG.C 1ST FLOOR
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

400 INTERPACE PKWY MOMS CORP CTR #3
BLG.C 1ST FLOOR
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 02-0620636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FITZPATRICK, MICHAEL E
Address: 400 INTERPACE PKWY
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: FITZPATRICK, MICHAEL B
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL E. FITZPATRICK

MGRM

07/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date