


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000002771
 1. Entity Name
 PRISA DARWIN SQUARE, 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
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05022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2862553	Applied For Not Applicable
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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

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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 restateing) _____ 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 AMERIC ARBOR CIRCLE SOUTH, 8 CAMPUS DRIVE PARSIPPANY, NJ 07054
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 08/14/06-80002-010 50.00

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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: Gerald A. Nigam Date: 6/9/06 Daytime Phone #: (305) 666-2140

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