

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004242

Entity Name: RCI CARLYLE NO. 1 LLC

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

7 SYLVAN WAY  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

1 CAMPUS DRIVE  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number: 20-3092485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: LEADING RESIDENCES O, F THE WORLD, L L C  
Address: 1 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEADING RESIDENCES O, F THE WORLD, L L C  
Address: 7 SYLVAN WAY  
City-St-Zip: PARSEPPANY, NJ 07054

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN FELDMAN

VP

04/21/2006

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