2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M05000006060

Entity Name: TRU 2005 RE I, LLC

Current Principal Place of Business:

ONE GEOFFREY WAY
WAYNE, NJ 07470

New Principal Place of Business:

Current Mailing Address:

ONE GEOFFREY WAY
WAYNE, NJ 07470

New Mailing Address:

FEI Number: 04-3829292 **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:

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:	TOYS,	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	
Title:	CEOD	( ) Delete
Name:	STORCH, GERALD L	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	
Title:	D	( ) Delete
Name:	BEKENSTEIN, JOSH	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	
Title:	D	( ) Delete
Name:	CALBERT, MICHAEL M	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	
Title:	D	( ) Delete
Name:	FASCITELLI, MICHAEL D	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	
Title:	D	( ) Delete
Name:	KERKO, DAVID	
Address:	ONE GEOFFREY WAY	
City-St-Zip:	WAYNE, NJ 07470	

ADDITIONS/CHANGES:

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

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: FRED MULLER AUTH 05/01/2007

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