


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90046 033 \*\*\*\*50.00

**DOCUMENT # M02000000841**

1. Entity Name  
**1500 CT LLC**



Principal Place of Business      Mailing Address  
**8 CAMPUS DRIVE, 4TH FLOOR**      **8 CAMPUS DRIVE, 4TH FLOOR**  
**PARSIPPANY NJ 07054**      **PARSIPPANY NJ 07054**

**55056881**



2. Principal Place of Business      3. Mailing Address  
 Suits, Apt. #, etc.      Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**30-0067092**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>STRATEGIC PERFORMANCE FUND-II, INC.</b> <b>8 CAMPUS DRIVE, 4TH FLOOR</b> <b>PARSIPPANY NJ 07054</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (4/03)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**Strategic Performance Fund-II, Inc., member and manager**

SIGNATURE: *Joan N. Hayden*      **Signature Required**      **Joan N. Hayden, Assistant Secretary**      7/25/03      973-734-1367