4/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
04-22-2002 90226 005 ****50.00

DOCUMENT # L01000012353

1. Entity Name
CG AVENTURA, LLC

Principal Place of Business	Mailing Address
280 TRUMBULL STREET C/O REAL ESTATE LAW DEPARTMENT H-11F HARTFORD CT 06103	280 TRUMBULL STREET C/O REAL ESTATE LAW DEPARTMENT H-11F HARTFORD CT 06103

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1627186 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1, SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation FL Zip Code 33324

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.

SIGNATURE Tammy Tofteroo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
TAMMY TOFTEROO
VICE PRESIDENT
DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Connecticut General Life Insurance Company on behalf of its Separate Account R, Sole Member 900 Cottage Grove Road Hartford, CT 06152 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E053 (9/01)

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.

Connecticut General Life Insurance Company on behalf of its Separate Account R, Sole Member
SIGNATURE: By: Susan L. Cooper
Susan L. Cooper, Authorized Representative
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/03/02 Date
(860) 226-5686 Daytime Phone #