


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90072 009 ****50.00

DOCUMENT # L01000012353 1. Entity Name CG AVENTURA, LLC	
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Principal Place of Business 280 TRUMBULL STREET C/O REAL ESTATE LAW DEPARTMENT H-11F HARTFORD, CT 06103	Mailing Address 280 TRUMBULL STREET C/O REAL ESTATE LAW DEPARTMENT H-11F HARTFORD, CT 06103
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01212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1627186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNECTICUT GEN. LIFE INS. CO. 900 COTTAGE GROVE ROAD HARTFORD, CT 06152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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
By: **Susan L. Cooper, Authorized Representative**

SIGNATURE: Susan L. Cooper 02/09/04 (860) 226-5686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #