

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Nov 09, 2005**  
**Secretary of State**

DOCUMENT# M02000003280

**Entity Name:** MARCO ISLAND CONDOMINIUMS LLC

**Current Principal Place of Business:**

STONE REAL ESTATE ADVISERS, INC.  
ONE FINANCIAL PLAZA, SUITE 1700  
HARTFORD, CT 061032604

**New Principal Place of Business:**

CORNERSTONE REAL ESTATE ADVISERS LLC  
ONE FINANCIAL PLAZA, SUITE 1700  
HARTFORD, CT 06103 US

**Current Mailing Address:**

STONE REAL ESTATE ADVISERS, INC.  
ONE FINANCIAL PLAZA, SUITE 1700  
HARTFORD, CT 061032604

**New Mailing Address:**

CORNERSTONE REAL ESTATE ADVISERS LLC  
ONE FINANCIAL PLAZA, SUITE 1700  
HARTFORD, CT 06103 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: BRIAN COURTNEY

11/09/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASSACHUSETTS MUTUAL, LIFE INSURANCE COMPANY  
Address: ONE FINANCIAL PLAZA, SUITE 1700  
City-St-Zip: HARTFORD, CT 061032604

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CJ KARBOWICZ

VP

11/09/2005

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