

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

3/4

03-05-2003 90298 017 ****50.00

DOCUMENT # M02000003280

1. Entity Name

MARCO ISLAND CONDOMINIUMS LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/o Corner-
stone Real Estate Advisers, Inc. Same

3. Mailing Address

Suite, Apt. #, etc.
One Financial Plaza, Ste. 1700

Suite, Apt. #, etc.

City & State
Hartford, Connecticut

City & State

4. FEI Number

None

Applied For

Not Applicable

Zip
06103-2604

Country
USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL

Zip Code
32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRMM Massachusetts Mutual Life Ins. Co. One Financial Plaza, Suite 1700 Hartford, CT 06103-2604
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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.

SIGNATURE *C. A. Anderson* C. A. Anderson, *Managing Director*
General Counsel

2/19/03 860-509-2248

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)