

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90177 001 ***971.25

DOCUMENT # M05000006443

1. Entity Name
KAZWELL REALTY PARTNERS LLC



Principal Place of Business
**C/O CORNERSTONE REAL ESTATE ADVISERS LLC
 180 GLASTONBURY BLVD., SUITE 401
 GLASTONBURY, CT 06033**

Mailing Address
**C/O CORNERSTONE///REGIONAL COUNSEL
 180 GLASTONBURY BLVD., SUITE 401
 GLASTONBURY, CT 06033**

30000329



01182008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GROVE AT WEST CHAPEL DEVELOPMENT LLC 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David J. Reilly* David J. Reilly 1/18/08 860 509 2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30000329

VENDOR NUMBER:

CSFLADPT

M05000006443

DOCUMENT NUMBER	VENDOR INVOICE NO.	PO NUMBER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
1908245546	C374000159		01/22/2008	138.75	0.00	138.75
	C374000159:6160057					
1908246246	C374000160		01/22/2008	138.75	0.00	138.75
	C374000160:6160097					
1908246312	C374000161		01/22/2008	138.75	0.00	138.75
	C374000161:6160114					
1908246314	C374000162		01/22/2008	138.75	0.00	138.75
	C374000162:6160447					
1908246318	C374000163		01/22/2008	138.75	0.00	138.75
	C374000163:6160620					
1908246320	C374000164		01/22/2008	138.75	0.00	138.75
	C374000164:6160631					
1908246323	C374000165		01/22/2008	138.75	0.00	138.75
	C374000165:6160637					
Sum total				971.25	0.00	971.25