

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006445

FILED
Feb 06, 2009
Secretary of State

Entity Name: E-WISE LAND VENTURE LLC

Current Principal Place of Business:

C/O CORNERSTONE REAL ESTATE ADVISERS LLC
180 GLASTONBURY BLVD., SUITE 401
GLASTONBURY, CT 06033

New Principal Place of Business:

C/O CORNERSTONE REAL ESTATE ADVISERS LLC
180 GLASTONBURY BLVD., SUITE 200
GLASTONBURY, CT 06033

Current Mailing Address:

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

New Mailing Address:

C/O CORNERSTONE//REGIONAL COUNSEL
180 GLASTONBURY BLVD., SUITE 200
GLASTONBURY, CT 06033

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE GROVE AT WEST CH, APEL DEVELOPME N T LLC
Address: 180 GLASTONBURY BLVD., SUITE 401
City-St-Zip: GLASTONBURY, CT 06033

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THE GROVE AT WEST CH, APEL DEVELOPME N T LLC
Address: 180 GLASTONBURY BLVD., SUITE 200
City-St-Zip: GLASTONBURY, CT 06033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID J. REILLY, AUTHORIZED AGENT MGRM 02/06/2009

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