2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Apr 24, 2007 8:00 am Secretary of State 04-24-2007 90128 001 ***350.00

54 WEST CAPITAL LLC)					
180 GLASTO	e of Business Stone Real Estate Advisers LLC NBURY BLVD., Suite 401 YY, CT 06033	Mailing Address C/O CORNERSTONE///REGIONAL COUNSEL 180 GLASTONBURY BLVD., SUITE 401 GLASTONBURY, CT 06033			30005539					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address / B. Descossers								
Suite, Apt. #, etc.		Suite, Apt. #, etc. One Financial Plaza, Ste. 1700		03272007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State Hartford, CT			4. FÉI Numb NOT AF	er PPLICABLE		_ 	plied For t Applicable	
Zip	Country	Zip 06103-2604 Coun		ry	5. Certificate	of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current R	Registered Agent		N	7. Name and	Address of New I	Registered A	gent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code)	
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 (NOTE Registered Agent signature required when reinstating) DATE										
Filing Fee is \$50.00 Due by May 1, 2007							ke check pa a Departmo		•	
9.	MANAGING MEMBERS/MANAGERS					ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE GROVE AT WESLEY CHAPPE 180 GLASTONBURY BLVD., SUIT GLASTONBURY, CT 06033	•						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			d in Chapter 110	Sociale Statutes II		Change	Addition	

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: MANAGEN C. WILLIAMS, Que thorized agent 3/27/07
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date 860509 2200