

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001414

**FILED
Apr 26, 2010
Secretary of State**

Entity Name: MP-APTS, LLC

Current Principal Place of Business:

1500 MAIN STREET, SUITE 2100
SPRINGFIELD, MA 01115

New Principal Place of Business:

Current Mailing Address:

1500 MAIN STREET, SUITE 2100
SPRINGFIELD, MA 01115

New Mailing Address:

FEI Number: 04-1590850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: MASSACHUSETTS MUTUAL LIFE INSURANCE CO.
Address: 1500 MAIN STREET, SUITE 2100
City-St-Zip: SPRINGFIELD, MA 01115

I hereby 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: JAMES A. HENDERSON

MGRM

04/26/2010

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