

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001414

**FILED  
Feb 21, 2012  
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:**

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  
**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: DAVID J. REILLY      MGRM      02/21/2012

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