

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002864

**FILED  
Apr 08, 2011  
Secretary of State**

**Entity Name:** SAWGRASS VILLAGE SHOPPING CENTER LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

C/O CORNERSTONE REAL ESTATE ADVISERS LLC  
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:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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: MGR  
Name: MASSACHUSETTS MUTUAL LIFE INSURANCE CO  
Address: 180 GLASTONBURY BLVD., SUITE 200  
City-St-Zip: GLASTONBURY, CT 06033

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

04/08/2011

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