

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 98 MAR 12 PM 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000638 CORNERSTONE FLORIDA HOTEL, L.L.C. C/O CORNERSTONE REAL ESTATE ADVISORS, INC. ONE FINANCIAL PLAZA HARTFORD CT 06103
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1a. Principal Place of Business Address C/O CORNERSTONE REAL ESTATE ONE FINANCIAL PLAZA HARTFORD CT 06103
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2. Principal Place of Business <i>See above</i>	2a. Mailing Address <i>See above</i>	3. Date Organized or Qualified 09/26/1997	3a. State of Formation DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 06-1495560	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report N/A	6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	8. Name and Address of New Registered Agent/Office Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MASSACHUSETTS MUTUAL,	ONE FINANCIAL PLAZA	HARTFORD CT

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 ****188.75 ****188.75
De
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *David Peilly* David Peilly 3/3/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #