

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006446

FILED
Jan 16, 2015
Secretary of State
CC199333234

Entity Name: OAKLEY GROVE DEVELOPMENT LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGRM
Name THE GROVE AT WEST CHAPEL DEVELOPMENT LLC
Address 180 GLASTONBURY BLVD., SUITE 200
City-State-Zip: GLASTONBURY CT 06033

Title MGR
Name CORNERSTONE REAL ESTATE ADVISERS LLC
Address 150 S WACKER DR - STE 350
City-State-Zip: CHICAGO IL 60606

Title P
Name WALLACE, STEVEN P
Address 150 S WACKER DR - STE 350
City-State-Zip: CHICAGO IL 60606

Title VP
Name WOOTON, JOHN R
Address 150 S WACKER DR - STE 350
City-State-Zip: CHICAGO IL 60606

Title VP
Name WHITNEY, ROBERT M
Address 150 S WACKER DR - STE 350
City-State-Zip: CHICAGO IL 60606

Title VP
Name FLEMING, THOMAS G
Address 150 S WACKER DR - STE 350
City-State-Zip: CHICAGO IL 60606

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT D. BROWN

MGR

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date