

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002864

**Entity Name:** SAWGRASS VILLAGE SHOPPING CENTER 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 MGR  
Name MASSACHUSETTS MUTUAL LIFE  
INSURANCE CO  
Address 180 GLASTONBURY BLVD., SUITE 200  
City-State-Zip: GLASTONBURY CT 06033

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID J. REILLY

MGR

02/11/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date