

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J. REILLY

MGR

01/10/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date