


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000012949</b> 1. Entity Name <b>CG BAYPORT, LLC</b>	
--	---

Principal Place of Business <b>C/O REAL ESTATE LAW DEPT H16C CIGNA CORP, 280 TRUMBULL ST HARTFORD, CT 06103</b>	Mailing Address <b>C/O REAL ESTATE LAW DEPT H16C CIGNA CORP, 280 TRUMBULL ST HARTFORD, CT 06103</b>
--	--



07232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SCHNARE, JAMES H II 11780 US HIGHWAY #1, STE 300 NORTH PALM BEACH, FL 33408</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee Is \$50.00  
Due by September 14, 2007**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CONN. GEN. LIFE INS. CO. 900 COTTAGE GROVE ROAD HARTFORD, CT 06152</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000772206 08/17/07-80003-003 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.</b>	
<b>Connecticut General Life Insurance Company, on behalf of its Separate Account 4623 RE, Member</b>	
<b>SIGNATURE:</b> <u>Linda L. Wencil</u>	<u>8/13/07</u> <u>860.226.8864</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>

Linda L. Wencil, Assistant Corporate Secretary