

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000003280

1. Entity Name
MARCO ISLAND CONDOMINIUMS LLC



Principal Place of Business

CORNERSTONE REAL ESTATE ADVISERS LLC
ONE FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103 US

Mailing Address

CORNERSTONE REAL ESTATE ADVISERS LLC
ONE FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103 US

FILED
Apr 14, 2008 08:00 AM
Secretary of State



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3481259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPAN
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE 1700
CITY-ST-ZIP	HARTFORD, CT 061032604

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	

U000000895334
04/24/08-80064-023 138.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

David J. Kelly, Authorized Agent 3/26/08 860 509 2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #