

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90298 017 \*\*\*\*50.00

DOCUMENT # M02000003280

1. Entity Name

MARCO ISLAND CONDOMINIUMS LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o Corner-  
stone Real Estate Advisers, Inc. Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
One Financial Plaza, Ste. 1700

City & State  
Hartford, Connecticut

Zip  
06103-2604

Country  
USA

City & State

Zip

Country

4. FEI Number  
None

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee

FL

Zip Code  
32301-2525

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
MGRMM  
Massachusetts Mutual Life Ins. Co.  
STREET ADDRESS  
One Financial Plaza, Suite 1700  
CITY-ST-ZIP  
Hartford, CT 06103-2604

TITLE  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** *C. A. Anderson, Managing Director*  
General Counsel

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

2/19/03 860-509-2248

Date

Daytime Phone #

CR2E083B (12/02)