

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2006 MAR -8 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004720

1. Entity Name
CORNERSTONE REAL ESTATE ADVISERS LLC

05



Principal Place of Business
1 FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103-2604

Mailing Address
1 FINANCIAL PLAZA, SUITE 1700
HARTFORD, CT 06103-2604

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

700067394067



03032006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

4. FEI Number
55-0878489

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00

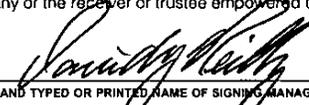
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REESE, STUART H 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNOR, ALAN M 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUNTON, HOWARD 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARGREAVES, KENNETH 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERMYN, ISADORE 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLODDEN, TOBY 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 061032604 <input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRANDALL, ROGER 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 06103-2604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REILLY, DAVID 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 06103-2604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALCOTT, EUSTIS 1 FINANCIAL PLAZA, SUITE 1700 HARTFORD, CT 06103-2604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2005-2006

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:  **3-6-2006** (860)509-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M04000004720

ACCOUNT NO. : 072100000032

REFERENCE : 901042 7266554

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 205.00

ORDER DATE : March 3, 2006

ORDER TIME : 9:14 AM

ORDER NO. : 901042-005

CUSTOMER NO: 7266554

[Signature]

FILED
2006 MAR -8 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CORNERSTONE REAL ESTATE
ADVISERS LLC

RECEIVED
06 MAR -8 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____