


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000004720</b>					
1. Entity Name CORNERSTONE REAL ESTATE ADVISERS LLC					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03202007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 55-0878489	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRANDALL, ROGER		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		
NAME	CONNOR, ALAN M		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNTON, HOWARD		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARGREAVES, KENNETH		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JERMYN, ISADORE		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REILLY, DAVID		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 1700		STREET ADDRESS		
CITY-ST-ZIP	HARTFORD, CT 061032604		CITY-ST-ZIP		
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: <i>David J. Reilly</i>			SIGNATURE: <i>David J. Reilly</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: 4/2/2007 8605092297		