

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90177 001 \*\*\*971.25

**DOCUMENT # M05000006443**

1. Entity Name  
**KAZWELL REALTY PARTNERS LLC**



Principal Place of Business  
**C/O CORNERSTONE REAL ESTATE ADVISERS LLC  
180 GLASTONBURY BLVD., SUITE 401  
GLASTONBURY, CT 06033**

Mailing Address  
**C/O CORNERSTONE///REGIONAL COUNSEL  
180 GLASTONBURY BLVD., SUITE 401  
GLASTONBURY, CT 06033**

**30000329**



01182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

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 32301-2525**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THE GROVE AT WEST CHAPEL DEVELOPMENT LLC  
180 GLASTONBURY BLVD., SUITE 401  
GLASTONBURY, CT 06033**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:** \_\_\_\_\_

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

*David J. Reilly*

*1/18/08*

*860 509 2297*

Date

Daytime Phone #

# ATTACHMENT

30000329

VENDOR NUMBER:

CSFLADPT

# M05000006443

DOCUMENT NUMBER	VENDOR INVOICE NO.	PO NUMBER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
1908245546	C374000159		01/22/2008	138.75	0.00	138.75
	C374000159:6160057					
1908246246	C374000160		01/22/2008	138.75	0.00	138.75
	C374000160:6160097					
1908246312	C374000161		01/22/2008	138.75	0.00	138.75
	C374000161:6160114					
1908246314	C374000162		01/22/2008	138.75	0.00	138.75
	C374000162:6160447					
1908246318	C374000163		01/22/2008	138.75	0.00	138.75
	C374000163:6160620					
1908246320	C374000164		01/22/2008	138.75	0.00	138.75
	C374000164:6160631					
1908246323	C374000165		01/22/2008	138.75	0.00	138.75
	C374000165:6160637					
Sum total				971.25	0.00	971.25