

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110806

FILED
Feb 11, 2006
Secretary of State

Entity Name: CUBE DESIGN + RESEARCH, LLC

Current Principal Place of Business:

791 TREMONT STREET, STE. E311
BOSTON, MA 02118

New Principal Place of Business:

Current Mailing Address:

791 TREMONT STREET, STE. E311
BOSTON, MA 02118

New Mailing Address:

FEI Number: 20-3801828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HART, JASON W MGRM
Address: 791 TREMONT STREET, SUITE E311
City-St-Zip: BOSTON, MA 02118

Title: MGRM () Change (X) Addition
Name: JOHNS, CHRISTOPHER A MGRM
Address: 865 21ST STREET, APT. 4
City-St-Zip: SAN DIEGO, CA 92102

Title: MGRM () Change (X) Addition
Name: MALNARICK, AARON MGRM
Address: 24 MT. VERNON STREET, APT. 501
City-St-Zip: BOSTON, MA 02108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON HART

MGRM

02/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date