

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110806

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** CUBE DESIGN + RESEARCH, LLC

**Current Principal Place of Business:**

791 TREMONT STREET  
SUITE E311  
BOSTON, MA 02118

**New Principal Place of Business:**

25 DRYDOCK AVENUE  
2ND FLOOR  
BOSTON, MA 02210

**Current Mailing Address:**

791 TREMONT STREET  
SUITE E311  
BOSTON, MA 02118

**New Mailing Address:**

25 DRYDOCK AVENUE  
2ND FLOOR  
BOSTON, MA 02210

FEI Number: 20-3801828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD.  
SUITE 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: MGRM  
Name: HART, JASON W MGRM  
Address: 791 TREMONT STREET, SUITE E311  
City-St-Zip: BOSTON, MA 02118

Title: MGRM  
Name: JOHNS, CHRISTOPHER A MGRM  
Address: 29 CONCORD AVENUE, APT. 709  
City-St-Zip: CAMBRIDGE, MA 02138

Title: MGRM  
Name: MALNARICK, AARON MGRM  
Address: 46 STETSON STREET, APT. 4  
City-St-Zip: BROOKLINE, MA 02446

I hereby 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 W. HART

MGRM

03/31/2011

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