7/30/2002-90426-008-$50.00-$50.00

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02 OCT 22 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001733

1. Entity Name

CASCADES AT HAMMOCKS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O AEW CAPITAL MANAGEMENT LP	C/O AEW CAPITAL MANAGEMENT LP
Suite, Apt. #, etc.: TWO SEAPORT LN, WTCE	Suite, Apt. #, etc.: TWO SEAPORT LN, WTCE
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02210-2021 Country: USA	Zip: 02210-2021 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3570713 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT / Principal DANIEL J. BRADLEY 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VICE-PRESIDENT / Principal PAMELA J. HERBST 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: TREASURER / V.P. JONATHAN MARTIN 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ASST.-TREASURER / Principal LINDA MAGEE 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: CLERK / Principal JAMES J. FINNEGAN 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ASST. CLERK / AVP WILLIAM J. ALBANESE 2 SEAPORT LANE BOSTON, MA 02210-2021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:

CR2E093B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan E Rowland 7/24/02 617-261-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6TF FL32380F.1