2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN 29 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001733

1. Entity Name
CASCADES AT HAMMOCKS LLC

Principal Place of Business	Mailing Address
C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LN, WORLD TRADE CTR EAST BOSTON, MA 02210-2021	C/O AEW CAPITAL MANAGEMENT, L.P. TWO SEAPORT LN, WORLD TRADE CTR EAST BOSTON, MA 02210-2021

DO NOT WRITE IN THIS SPACE

04242006 No Chg-LLC CR2E083 (11/05)

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

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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: Connie Bryan DATE: 6/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100077161281
07/07/06--01051--021 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BRADLEY, DANIEL J
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	V
NAME	HERBST, PAMELA J
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	VT
NAME	MARTIN, JONATHAN
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	AT
NAME	MAGEE, LINDA
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	
NAME	
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: _____ 4/25/06 617-261-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #