


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001212
 1. Entity Name
CABOT NORTH UNIVERSITY DRIVE 21 LLC



Principal Place of Business Mailing Address
C/O NATIONAL CORPORATE RESEARCH, LTD. **C/O NATIONAL CORPORATE RESEARCH, LTD.**
615 SOUTH DUPONT HIGHWAY **615 SOUTH DUPONT HIGHWAY**
DOVER, DE 19901 **DOVER, DE 19901**

DO NOT WRITE IN THIS SPACE



07102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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: _____ DATE: _____
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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PO YAN & MELINDA F. LOUIE FAMILY TRUST
STREET ADDRESS	1841 LA FREMONTIA
CITY-ST-ZIP	SOUTH PASADENA, CA 91030

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COMPANY #	PXT	PROP ID #	Pres
VENDOR #			

CO	REF	AMOUNT
7270	LLC Annual Report	50.00

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PREP BY	PM APPL	DATE	BATCH #
STREET ADDRESS			
CITY-ST-ZIP			

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 606, Florida Statutes.

SIGNATURE: Carole P. Curt 7/10/06 646-367-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #