2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005341

1. Entity Name

Principal Place of Business

DOVER, DE 19901

615 SOUTH DUPONT HIGHWAY

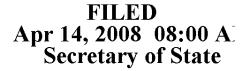
CABOT NORTH ORANGE 27, LLC

C/O NATIONAL CORPORATE RESEARCH, LTD.



Mailing Address

C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901





DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

NOT APPLICABLE	4. FEI Number				
		NOT APPLICABLE			

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or both, in the	s State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstalling)	DATE	
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		Rannacartro	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNIGLIA, AUGUST T 11606 MINNEOLA CIRCLE VALLEY CENTER, CA 92082	0	000000897173 04/25/08-80038-016 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP,		DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP			p4	

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 these empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/1108

646-367-540P

Date

Daytime Phone ₹