

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001424

FILED
Apr 07, 2009
Secretary of State

Entity Name: CABOT EAST BROWARD 24 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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 () Delete
Name: HOFFMAN, KENNETH M
Address: 15455 SE RIVER FOREST DRIVE
City-St-Zip: MILWAUKEE, OR 97267

Title: MGRM () Delete
Name: HOFFMAN, CAROLYN C
Address: 15455 SE RIVER FOREST DRIVE
City-St-Zip: MILWAUKEE, OR 97267

Title: MGR () Delete
Name: DOYLE, MICHAEL C
Address: SUITE 1410, NEMOURS BLDG., 1007 ORANGE ST.
City-St-Zip: WILMINGTON, DE 19801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY KROLL

MGRM

04/07/2009

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