


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005328		
1. Entity Name CABOT NORTH ORANGE 13, LLC		
Principal Place of Business C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	Mailing Address C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	



01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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. 515 EAST PARK AVE. TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		<p>U00000897433 04/25/08-80045-023 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASHINGTON MARKET DEVELOPMENT CORP. 299 WEST 12TH STREET, APT. 15-E NEW YORK, NY 10014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME 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 608, Florida Statutes.

SIGNATURE:

Timothy Kroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08

Date

6046-367-5400

Daytime Phone #