2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000039269

1. Entity Name
CABOT MANAGEMENT, LLC

Principal Place of Business	Mailing Address
367 INTERSTATE BLVD SARASOTA, FL 34240	P.O. BOX 1460 NOKOMIS, FL 34274

DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1158507	Not Applicable

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

6. Name and Address of Current Registered Agent

LAUDENSLAGER, JOHN P
1029 DELACROIX CIRCLE
NOKOMIS, FL 34275

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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_____

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

U00000936893
05/27/08-80028-006 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NIVEN, WILLIAM D
STREET ADDRESS	367 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

TITLE	
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CITY-ST-ZIP	

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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: _William D Niven_   4/29/2008   941-376-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #