

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90027 032 ****50.00

DOCUMENT # M01000001733

1. Entity Name
CASCADES AT HAMMOCKS LLC



Principal Place of Business
**C/O AEW CAPITAL MANAGEMENT, L.P.
TWO SEAPORT LN, WORLD TRADE CTR EAST
BOSTON, MA 02210-2021**

Mailing Address
**C/O AEW CAPITAL MANAGEMENT, L.P.
TWO SEAPORT LN, WORLD TRADE CTR EAST
BOSTON, MA 02210-2021**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3570713	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BRADLEY, DANIEL J
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	V
NAME	HERBST, PAMELA J
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	VT
NAME	MARTIN, JONATHAN
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	AT
NAME	MAGEE, LINDA
STREET ADDRESS	2 SEAPORT LANE
CITY-ST-ZIP	BOSTON, MA 022102021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brian E. Baughman

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

4/20/04

Date

617-261-9000

Daytime Phone #