

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90024 014 \*\*\*\*50.00

**DOCUMENT # M03000001843**

1. Entity Name  
CABOT INDUSTRIAL VENTURE A, LLC



**20015887**



02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number **02-0694060** Applied For ☐ Not Applicable

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, DANIEL S 875 NORTH MICHIGAN AVE, 41ST FLOOR CHICAGOTON, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEITNER, CHARLES B III 320 PARK AVENUE, SUITE 1700 NEW YORK, NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, ROBERT J 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGAVIC, DERRICK E 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, CHRISTOPHER L 875 NORTH MICHIGAN AVENUE, 41ST FLOOR CHICAGO, IL 60611 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, ERIC 6759 SIERRA COURT, SUITE E DUBLIN, CA 94568 <input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP Charles B. Leitner III 280 Park Avenue, 40th Floor New York, NY 10017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP Robert J. Cook 875 N. Michigan Ave., 41st Fl. Chicago, IL 60611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

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

Robert J. Cook, VP

2/2/05

312-266-9300

Date

Daytime Phone #