2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# M03000003077

Entity Name: FSP BLUE LAGOON DRIVE LLC

Current Principal Place of Business:

401 EDGEWATER PLACE, STE. 200
WAKEFIELD, MA 01880

New Principal Place of Business:

Current Mailing Address:

401 EDGEWATER PLACE, STE. 200
WAKEFIELD, MA 01880

New Mailing Address:

FEI Number: 20-0221940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: FSP BLUE LAGOON DRIV, E LLC
Address: 401 EDGEWATER PLACE, STE. 200
City-St-Zip: WAKEFIELD, MA 02152 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: CARTER, GEORGE
Address: 401 EDGEWATER PLACE, STE. 200
City-St-Zip: WAKEFIELD, MA 01880

Title: MGRM ( ) Change (X) Addition
Name: FOURNIER, BARBARA
Address: 401 EDGEWATER PLACE, STE. 200
City-St-Zip: WAKEFIELD, MA 01880

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA FOURNIER MGRM 04/24/2006

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