

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2006 8:00 am
Secretary of State

06-20-2006 90298 024 ****50.00

DOCUMENT # M04000004883

1. Entity Name
CABOT DADELAND TOWERS NORTH 4 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**

30012037



06012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTILLO, JOHN R 660 1/2 FLOWER AVENUE VENICE, CA 902912725
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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 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: _____

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

Date

Daytime Phone #

Carla P. Cast 7/10/06 646-367-5400


RECEIVED

JUN 05 2006

ATTACHMENT

6/20/2006-90298-024-\$50.00-\$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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30012057

Prepared by: 11/2/10
[Signature]

DO NOT WRITE IN THIS SPACE

00012008 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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TALLAHASSEE, FL 32301

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SIGNATURE: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)

Filing Fee is \$50.00
Due by May 1, 2006

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SIGNATURE: _____

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