


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000004883**

1. Entity Name  
**CABOT DADELAND TOWERS NORTH 4 LLC**



Principal Place of Business <b>C/O NATIONAL CORPORATE RESEARCH, LTD.          615 SOUTH DUPONT HIGHWAY          DOVER, DE 19901</b>	Mailing Address <b>C/O NATIONAL CORPORATE RESEARCH, LTD.          615 SOUTH DUPONT HIGHWAY          DOVER, DE 19901</b>
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**DO NOT WRITE IN THIS SPACE**



02062008No Chg-LLC CR2E083 (12/07)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

DATE  
 05/09/08-90003-006 138.75

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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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:** TIMOTHY KRULL MANAGING MEMBER **2.6.08 646-367-5400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #