

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-20-2006 90298 022 ****50.00

DOCUMENT # M04000004890

1. Entity Name
CABOT DADELAND TOWERS NORTH 8 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**

30012053



06012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 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 _____
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	MGRM
NAME	QUATRO, STEPHEN
STREET ADDRESS	86 CRESTVIEW COURT
CITY-ST-ZIP	DUARTE, CA 91010
TITLE	MGRM
NAME	QUATRO, KRISTINA
STREET ADDRESS	86 CRESTVIEW COURT
CITY-ST-ZIP	DUARTE, CA 91010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Carole P. C...

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

7/10/06 646-367-5100

Date Daytime Phone #

ATTACHMENT

6/20/2006-90298-022-\$50.00-\$50.00

RECEIVED
JUN 9 5 2006

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004890

1. Entity Name
CABOT DAELAND TOWERS NORTH B 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

30012053

Code: h2no

Reviewed by: [Signature]

DO NOT WRITE IN THIS SPACE

06012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$5.00 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 except 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 releasing)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	QUATRO, STEPHEN
STREET ADDRESS	88 CRESTVIEW COURT
CITY-ST-ZIP	DUARTE, CA 91010
TITLE	MGRM
NAME	QUATRO, KRISTINA
STREET ADDRESS	88 CRESTVIEW COURT
CITY-ST-ZIP	DUARTE, CA 91010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 606, Florida Statutes.

SIGNATURE: _____

REGISTRAR AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, OR AUTHORIZED REPRESENTATIVE