2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

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

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

30012053



06012006 No Chg-LLC

CR2E083 (11/05)

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

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•		I	
	ne above named entity submits this statement for the purpose of e obligations of registered agent.	changing its registered office or registered agent, or both, in t	he State of Florida. I am familiar with, and accept
SIG	ATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
	orginative, typod or printed rights or regions so again and may application.	(11010, riogistaro agosta agristica radiotad ariett (autom d)	W) E
	Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		

MGRM TITLE QUATRO, STEPHEN NAME STREET ADDRESS 86 CRESTVIEW COURT CITY-ST-ZIP DUARTE, CA 91010 **MGRM** TITLE QUATRO, KRISTINA NAME STREET ADDRESS 86 CRESTVIEW COURT CITY-ST-7IP **DUARTE, CA 91010** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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.

	(V)
SIGNATURE:	Carch

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

7/0/06 646-367-5400

ECF. 1VE

DOVER DE 19901

SIGNATURE:

2 MID TYPED ON PERSON WANT OF MICHAEL BANK

ATTACHMENT

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

2008 LI	MITED	LIAB	ILITY	COMI	PANY
	ANNI	UALI	REPOR	tT	

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CABOT DADELAND TOWERS NORTH BILC

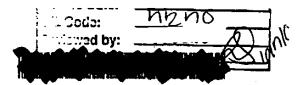


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DOVER, DE 19901



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05012005 No Chg-LLC

CR2E083 (11/05)

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S. Cartificate of Status Desired

\$5.00 Additional

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TITLE MANE STREET ADDRESS CITY-ST-2P			
TITLE MANE STREET ADDRESS CITY-ST-ZP			

IS HERER, OR AUTHORISED REPRESENTATIVE

8. The above named critity 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 acc