### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # M04000004900**

Entity Name

CABOT DADELAND TOWERS NORTH 14 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 009 \*\*\*\*50.00

30012047



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

# 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								
Filing Fee is \$50.00 Due by May 1, 2006								
9.	MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOKES, SCOTT C 45751 EDGEHILL DRIVE PALM DESERT, CA 92260							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOKES, CHRISTINA N 45751 EDGEHILL DRIVE PALM DESERT, CA 92260							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			N THIS SPACE					
TITLE								

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

7/10/06 646-367-540

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## ATTACHBARMS

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