

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-20-2006 90298 009 ****50.00

DOCUMENT # M04000004900

1. Entity Name
CABOT DADELAND TOWERS NORTH 14 LLC



30012047

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**



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
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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #


7/10/06 646-367-5400

CEIN
JUN 05 2006

ATTACHMENT

6/20/2006-90298-009-\$50.00-\$50.00

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Invoice Date: 6/15/06
C/L Code: 11270
Reviewed by: [Signature]

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00012006 No Ctg-LLC

CRZE083 (11/05)

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SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when removing) **DATE** _____

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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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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE **Date** _____ **Daytime Phone #** _____