### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # M04000004901

1. Entity Name

CABOT DADELAND TOWERS NORTH 15 LLC



Principal Place of Business

C/O NATIONAL COPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY **DOVER, DE 19901** 

Mailing Address

C/O NATIONAL COPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY

DOVER, DE 19901

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

06-20-2006 90298 010 \*\*\*\*50.00

30012046



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

VILLA PARK, CA 92861

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|                |   | 117 11   | 113 SPACE  |
|----------------|---|--|--|
|                | named entity submits this statement for the purpose of charles of registered agent. | anging its registered office or registered agent, or both, i | n the State of Florida. I am familiar with, and accept |
| SIGNATURE.     | Signature, typed or printed name of registered agent and title if applicable.       | (NOTE: Registered Agent signature required when reinstating) | DATE   |
| Fi<br>D        | iling Fee is \$50.00<br>ue by May 1, 2006   |  |  |
| 9.             | MANAGING MEMBERS/MANAGERS   |  |  |
| TITLE          | MGRM  |  |  |
| NAME           | CRAWFORD, JOHN P  |  |  |
| STREET ADDRESS | 9602 DOBSON WAY   |  |  |
| CITY-ST-ZIP    | VILLA PARK, CA 92861  |  |  |
| TITLE          | MGRM  |  |  |
| NAME           | CRAWFORD, DEBRA   |  |  |
| STREET ADDRESS | 9602 DOBSON WAY   |  |  |

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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.  |

CITY-ST-ZIP 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

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

# ATTACHMENT 672072000

6/20/2006-90298-010-\$50.00-\$50.00

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| Entity Nam                              | MENT # M0400004  |   |                               | 30012   | 046  |
|---|--|---|-------------------------------|---|--|
| NATION.                                 | DE OF BURINGER<br>AL COPORATE RESEARCH, LTD.<br>DUPONT HIGHWAY<br>19901  | Mating Address C/O NATIONAL COPORATI 615 SOUTH DUPONT HIG DOVER, DE 19901 |                               | C/L Code:   | 72h0.  |
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|   | 6, Name and Address of Current   | Contract Asset  |                               | 8. Centificate of Status Desire                       | d S5.00 Additional Fee Required  |
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