

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000004921**

**1. Entity Name**  
**CABOT DADELAND TOWERS NORTH 31 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



**DO NOT WRITE IN THIS SPACE**

07012005No Chg-LLC

CR2E083 (10/03)

**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.  
103 N. MERIDIAN STREET  
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 re-stating)

**DATE**

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
MACHACEK, RHONDA  
10375 SW 135TH AVE.  
BEAVERTON, OR 97008

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

000000375325  
08/01/05-80013-023 50.00

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Timothy J. Kall*

*7/14/05*

Date

*212.332.7152*

Daytime Phone #