


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-20-2006 90299 006 ****50.00

DOCUMENT # M04000004922 1. Entity Name CABOT DADELAND TOWERS NORTH 32 LLC	
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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
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DO NOT WRITE IN THIS SPACE



06012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 WARREN E. BENSON TRUST 9034 CUSCODA WAY SUITE 10 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Carla P. C... **7/18/06** **646-367-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

RECEIVED
JUN 5 2006

6/20/2006-90299-006-\$50.00-\$50.00

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ATTACHMENT
30612030

C/L Code: 11270
Reviewed by: [Signature]

DO NOT WRITE IN THIS SPACE

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SIGNATURE _____
Signature, typed or printed name of registered agent and file it applies. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date De/Re Page 9