


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 OCT 10 AM 10:01

|  |                                      |  |   |   |                                      |
|--|--------------------------------------|--|---|---|--------------------------------------|
| <b>DOCUMENT # M05000001167</b><br>1. Entity Name<br>CABOT NORTH UNIVERSITY DRIVE ACQUISITION, LLC  |                                      |  |   |                                    |                                      |
| Principal Place of Business<br>100 SUMMER STREET, 24TH FLOOR<br>BOSTON, MA 02110   |                                      |  | Mailing Address<br>100 SUMMER STREET, 24TH FLOOR<br>BOSTON, MA 02110  |   |                                      |
| 2. Principal Place of Business   |                                      | 3. Mailing Address   |   |   |                                      |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.  |   |   |                                      |
| City & State   |                                      | City & State   |   | 09212006 REIN-LLC CR2E101 (11/05)   |                                      |
| Zip  |                                      | Country  |   | 4. FEI Number <input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |                                      |
| Zip  |                                      | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                            |                                      |
| 6. Name and Address of Current Registered Agent  |                                      |  | 7. Name and Address of New Registered Agent   |   |                                      |
| NATIONAL CORPORATE RESEARCH, LTD., INC.<br>515 E. PARK AVE.<br>TALLAHASSEE, FL 32301   |                                      |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |                                      |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                      |  |   |   |                                      |
| <b>FILE NOW!!! FEE IS \$50.00</b><br>After January 1, 2007, Fee will be \$100.00   |                                      | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | Make check payable to<br>Florida Department of State  |                                      |
| 9. MANAGING MEMBERS/MANAGERS   |                                      |  | 10. ADDITIONS/CHANGES   |   |                                      |
| TITLE  | MGRM <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| NAME   | CABOT INVESTMENT PROPERTIES, LLC     |  | NAME  | 600081084525  |                                      |
| STREET ADDRESS   | 100 SUMMER STREET, 24TH FLOOR        |  | STREET ADDRESS  | 10/20/06--01066--012 **200.00   |                                      |
| CITY-ST-ZIP  | BOSTON, MA 02110                     |  | CITY-ST-ZIP   |   |                                      |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| NAME   |                                      |  | NAME  |   |                                      |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |                                      |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| NAME   |                                      |  | NAME  |   |                                      |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |                                      |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| NAME   |                                      |  | NAME  |   |                                      |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |                                      |
| TITLE  | <input type="checkbox"/> Delete      |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                      |
| NAME   |                                      |  | NAME  |   |                                      |
| STREET ADDRESS   |                                      |  | STREET ADDRESS  |   |                                      |
| CITY-ST-ZIP  |                                      |  | CITY-ST-ZIP   |   |                                      |
| 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: <u>Carl P. Cole</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                      |  | Date: <u>9/21/06</u>  |   | Daytime Phone #: <u>646-367-5400</u> |