


FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90007 007 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001171			
1. Entity Name CABOT NORTH UNIVERSITY DRIVE 3 LLC			
Principal Place of Business C/O NATIONAL COPPRORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901		Mailing Address C/O NATIONAL COPPRORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARE ONE, INC. 2551 EAST C.R. 750 SOUTH CLAYTON, IN 46118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6588 Dunsdin Dr Plainfield, IN 46168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
COMPANY #	PXT	PROP ID #	Prefer
VENDOR #			
CODE	REFERENCE	AMOUNT	
7270	LLC Annual Report	50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILED BY	WPM APW	DATE	7/10/06
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Cashe P. A. W.</u>		Date <u>7/10/06</u>	Daytime Phone # <u>646.367.5408</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			