


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M05000001171 1. Entity Name CABOT NORTH UNIVERSITY DRIVE 3 LLC	
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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
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01162008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

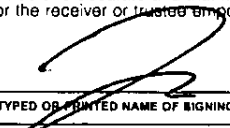
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARE ONE, INC. 6771 OAK RIDGE ROAD MORGANTOWN, IN 46160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000898934  
04/28/08-80018-014 138.75

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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.

SIGNATURE:  **TIMOTHY KROLL** Date: **4/1/08** Daytime Phone #: **646-307-5400**

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