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**CORPDIRECT AGENTS, INC. (formerly CCRS)** 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 3/4/05 **REF. #:** 0638.35527 CORP. NAME: CABOT NORTH UNIVERSITY DRIVE 16 LLC ( ) ARTICLES OF DISSOLUTION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF INCORPORATION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME (XX) LIMITED LIABILITY ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) WITHDRAWAL ( ) MERGER ( ) REINSTATEMENT ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 5179 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_ PLEASE RETURN:

( ) CERTIFICATE OF GOOD STANDING

( ) PLAIN STAMPED COPY

Examiner's Initials

( XX ) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	n Limited Liability Company)
Delaware	3. N/A
Jurisdiction under the law of which foreign limited ompany is organized)	d liability (FEI number, if applicable)
3/1/05	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification	
(Date first transacted bus	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)
c/o National Corporate Research, Lt	:d.
615 South Dupont Highway, Dover, I	DE 19901
(Stree	et Address of Principal Office)
If limited liability company is a manager-in The name and usual business addresses of	f the managing members or managers are as follows:
Member: James Richmond Barron, 3	44 North East 44th CT, Wilton Manors, FL 33305
The Independent Manager of the Co	empany is Doug Britton 2640 Cople Highway,
Montross, VA 22520	
	ore than 90 days old, duly authenticated by the official having custody of rec A photocopy is not acceptable. If the certificate is in a foreign language, a bust be submitted.)
Nature of business or purposes to be cond	ducted or promoted in Florida: own real estate sub-
ject to limits in \$9 of Mortgage in	n favor of Citigroup Global Markets Realty Corp.
	N
Doban A	49
(In accordance with section 60	or an authorized representative of a member.  18.408(3), F.S., the execution of this document constitutes  Ities of perjury that the facts stated herein are true.)
(In accordance with section 60 an affirmation under the penal	98.408(3), F.S., the execution of this document constitutes

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	. The name of the Limited Liability Company is:						
	CAE	OT NORTH UN	IIVERSITY D	RIVE 16 LLC	·		
2.	The name and the Florida street address of the registered agent and office are:						
	Na	tional Corpor	ate Resear	ch, Ltd., Inc.			
(Name)					<del>_</del>		
		103 N. Meridian Street					
	<del></del>	Florida street address (P.O. Box NOT ACCEPTABLE)					
	T	allahassee	FL	32301			
		(City	//State/Zip)		<del>_</del>		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Floria Statutes.

Wayer Rafanelli VII

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

## Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT NORTH UNIVERSITY DRIVE 16 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT NORTH UNIVERSITY DRIVE 16 LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3711308

DATE: 03-01-05

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