

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001206

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** CABOT NORTH UNIVERSITY DRIVE 16 LLC

**Current Principal Place of Business:**

C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BARRON, JAMES R  
Address: 344 NORTH EAST 21ST CT  
City-St-Zip: WILTON MANORS, FL 33305

Title: MGRM  
Name: TIMOTHY, KROLL  
Address: 600 THIRD AVENUE, 2ND FLOOR  
City-St-Zip: NEW YORK, NY 10016

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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                      MGRM                      04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date