

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001213		
1. Entity Name CABOT NORTH UNIVERSITY DRIVE 22 LLC		

Principal Place of Business C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	Mailing Address C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901
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DO NOT WRITE IN THIS SPACE



07102008No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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 releasing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$50.00
Due by September 8, 2006

U000000575011
08/22/06-80009-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOWELL W. HAMILTON PROPERTIES, L.C.
STREET ADDRESS	2450 EAST 640 NORTH
CITY-ST-ZIP	ST. GEORGES, UT 84790

COMPANY # _____ PROP ID # _____

VENDOR # _____

CODE	REFERENCE	AMOUNT
7270CLC	Annual Report	SD. 00
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DATE 7/10/06 BATCH # _____

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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: Carla P. Carr 7/10/06 646-367-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #