## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000001213**

1. Entity Name

CABOT NORTH UNIVERSITY DRIVE 22 LLC

FILED Apr 15, 2008 08:00 Al Secretary of State

Principal Place of Business

C/O NATIONAL CORPORATE RESEARCH, LTD.

615 SOUTH DUPONT HIGHWAY DOVER, DE 19901 Mading Address

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

**DOVER, DE 19901** 



01162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number			Applied For
	NOT APPLICABLE			Not Applicable
5.	Certificate of Status Desired	11 7 -	.00 Req	Additional uired

6. Name and Address of Current Registered Agent

515 E. PAF	CORPORATE RESEARCH, LTD., INC. RK AVE. SSEE, FL 32301	DO NOT WRITE IN THIS SPACE		
	ions of registered agent.	Is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9. III LE NAME STREET ADDRESS CITY-SI-ZIP III LE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM LOWELL W. HAMILTON PROPERTIES, L.C. 6523 W 13400 SOUTH HERRIMAN, UT 84065	let.		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET AODRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 truetog empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: TIMOTHY KROUL

4/1/08

646-367-5400

Daytime Phone #