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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001214

1. Entity Name
CABOT NORTH UNIVERSITY DRIVE 23 LLC

Principal Place of Business	Mailing Address
C/O NATONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901	C/O NATONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901

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07102006 No 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

U00000575009
08/22/06-80009-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILLER, MARILYN S
STREET ADDRESS	509 TOWNE LAKE DRIVE
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	MGRM
NAME	RITVO, LYNN R I
STREET ADDRESS	509 TOWNE LAKE DRIVE
CITY-ST-ZIP	MONTGOMERY, AL 36117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

COMPANY PROP ID # Prop
VENDOR #

CODE		REFERENCE	AMOUNT
		LLC Annual	50.00
7270		Report	

ENTER BY PM APVD DATE 8/22 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. Cruz 7/10/06 646-367-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #