2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# M05000001214

Entity Name: CABOT NORTH UNIVERSITY DRIVE 23 LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O NATONAL 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.
515 E. PARK AVE.
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 ( ) Delete
Name: MILLER, MARILYN S
Address: 509 TOWNE LAKE DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM ( ) Delete
Name: RITVO, LYNN R.L.
Address: 509 TOWNE LAKE DRIVE
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MILLER, MARILYN S
Address: 104 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change ( ) Addition
Name: RITVO, LYNN R.L.
Address: 104 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 04/07/2009

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