


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M05000001220
 1. Entity Name
CABOT NORTH UNIVERSITY DRIVE 29 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**

DO NOT WRITE IN THIS SPACE

07102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
 615 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 date if applicable (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$50.00
Due by September 6, 2006

U000000575018
 08/22/06-80009-010 100.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JURAJ MILICIC AND SON
STREET ADDRESS	32344 SHERWOOD AVE.
CITY-ST-ZIP	MCFARLAND, CA 93250

COMPANY # **PJT** PROP ID # **Pre**

CODE	REFERENCE	AMOUNT
7270	LLC Annual Report	50.00

FILED BY **PM APW** DATE **7/11/06** 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 606, Florida Statutes.

SIGNATURE: *Carole P. C...* Date 7/10/06 Daytime Phone # 646-367-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #