

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

U000000738052  
05/11/07-80053-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carl P. Cabot* Carlton Cabot

4/20/07

617-423-6776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #