2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000001220

1. Entity Name

C . "

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 15, 2008 08:00 Al Secretary of State



01162008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	NOT APPLICABLE	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

646-367-5400

Davtme Phone #

6. Name and Address of Current Registered Agent

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

SIGNATURE:

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		IN THIS STAGE	
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 Agen) signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURAJ MILICIC AND SON 32344 SHERWOOD AVE. MCFARLAND, CA 93250	var 20100-00001-000 130.13	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		o.	
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 cath; that I am a managing member or manager of the limited liability company or the regimen of the improvement to execute this report as required by Chapter 608, Florida Statutes.			

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE