

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90068 026 ***138.75

DOCUMENT # M05000003168

1. Entity Name
CABOT ACQUISITION, LLC



Principal Place of Business
**C/O RREEF
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO, IL 60611**

Mailing Address
**C/O RREEF
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO, IL 60611**

60005201



DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
81-0557498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

**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
**MGR
RREEF AMERICA REIT II CORP. VVV
875 N MICHIGAN AVE, 41ST FL
CHICAGO, IL 606111901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

SUSAN E. MCCLINTOCK, VP & SEC., 01/04/08, 312/266-9300

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

Date

Daytime Phone #