## 2006 LIMITED LIABILITY COMPANY

## Jul 18, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M05000003497** 06-20-2006 90299 009 \*\*\*\*50.00 1. Entity Name CABOT CYPRESS CREEK TOWER 2 LLC Principal Place of Business Mailing Address 30012028 100 SUMMER STREET, 2ND FLOOR 100 SUMMER STREET, 2ND FLOOR BOSTON, MA 02111 BOSTON, MA 02111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Number Not Applicable NOT Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE, SUITE 4 Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33331 City Zip Code FL 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition BELL, JAMES R NAME 804 WEST TOWN & COUNTRY ROAD STREET ADDRESS STREET ADDRESS ORANGE, CA 92888 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADORESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS

CITY-ST-7IP

**FILED** 

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003497  1. Entity Name CABOT CYPRESS CREEK TOWER 2 LLC						ATTACHMENT				
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Ζφ	Country	Zip Coun		ury	5. Certificate of Status I		I Status Desired	a	\$5.00 Ad Fee Require	dibrat
	6. Name and Address of Current I	Registered Agent		7. Harrie and Address of New Registered Agent						
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The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.  SIGNATURE  Byother, speed or primal recent of explained agent and the it specificates.										
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TITLS KMAE STREET ACCURACY CHY-\$1-29*		C Dainte	FIFE STREET		<b></b>			•	[] Classe	Anthon
indicated	certify that the information supplied with on this report is true and socurate and I billay company or the receiver or instice URE:	hal my signature shall have t empowered to execute this i	Pre same report as	legal effect as required by C	is if mad Chepter (	is under ostr; t 606, Florida Sta	hat I am a manaci	ng memb	y that the info	metion r of the