## 2006 LIMITED LIABILITY COMPANY

## Jul 18, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M05000003498 06-20-2006 90299 008 \*\*\*\*50.00 CABOT CYPRESS CREEK TOWER 1 LLC Principal Place of Business Mailing Address 30012029 100 SUMMER STREET, 23RD FLOOR 100 SUMMER STREET, 23RD FLOOR BOSTON, FM 02111 BOSTON, FM 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 4. FEI Number Applied For Not Applicable Not Approach Country Zip Country Zip \$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 Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 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, 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Change ■ Addition TITLE ☐ Delete CARPI, FRANK NAME NAME 211 W. CLINTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TENAFLY, NJ 07670 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ

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 ADDRESS CITY-ST-ZIP

STREET ADDRESS

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

**FILED** 

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		<i>A</i> *.			City			FI	Zip Cod	10	
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