


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90299 011 \*\*\*\*50.00

<b>DOCUMENT # M05000003500</b>	
1. Entity Name <b>CABOT CYPRESS CREEK TOWER 4 LLC</b>	

Principal Place of Business 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02111	Mailing Address 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02111
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**30012026**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06012006 Chg-LLC CR2E083 (11/05)

4. FEI Number <i>Not Applicable</i>	Applied For Not Applicable
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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	
NRAI SERVICE, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUSICK, TERRY B 851 N.W. 115TH AVENUE FT. LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

<b>SIGNATURE:</b> <i>Carla P. C...</i>	Date: <i>7/10/06</i>	Daytime Phone #: <i>646-367-5400</i>
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<b>DOCUMENT #M05000003500</b>			
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2. Principal Place of Business		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>NRAI SERVICE, INC.</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>WESTON</b>		City	
State <b>FL</b>		State <b>FL</b>	
Zip Code <b>33331</b>		Zip Code	
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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
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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: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____			
Daytime Phone # _____			

ATTACHMENT  
30012026