## 2006 LIMITED LIABILITY COMPANY

## Jul 18, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M05000003504 06-20-2006 90299 018 \*\*\*\*50.00 CABÓT CYPRESS CREEK TOWER 8 LLC Principal Place of Business Mailing Address 100 SUMMER STREET, 23RD FLOOR 100 SUMMER STREET, 23RD FLOOR 30012022 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 4. FEI Number Applied For Not Applicable Not Applicable Zip Country 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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 Street Address (P.O. Box Number is Not Acceptable) WESTON, FL 33331 Zip Code City F۱ 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. DATE (NOTE: Registered Agent signature required when reinstating) 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. MGR ■ Addition TITLE Change TITLE ☐ Delete HOSHINO LIMITED, LLC NAME NAME STREET ADDRESS STREET ADDRESS 6231 MORNINGSIDE DRIVE CITY-ST-ZIP **HUNTINGTON BEACH, CA 92648** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE

11. I hereby certify that the information supplied with this filling 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.

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

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## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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