## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # M05000003505** 06-20-2006 90299 019 \*\*\*\*50.00 CABÓT CYPRESS CREEK TOWER 9 LLC Principal Place of Business Mailing Address THUMITUUL 100 SUMMER STREET, 23RD FLOOR 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02111 BOSTON, MA 02111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06012006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVIES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature regulred when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME TRAN, TAM NAME STREET ADDRESS 1851 PETERS RANCH ROAD STREET ADDRESS CITY-ST-ZIP DANVILLE, CA 94526 CITY-ST-7IP ☐ Change ■ Addition MGRM ☐ Delete TITLE TITI F TRAN, TRACY NAME NAME STREET ADDRESS STREET ADDRESS 1851 PETERS RANCH ROAD CITY-ST-ZIP DANVILLE, CA 94526 CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE MALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

FILED Jul 18, 2006 8:00 am

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-7IP

STREET ADDRESS

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DOCUMENT # M05000003505  1. Entry Name CABOT CYPRESS CREEK TOWER 9 LLC							\TTAC}	iwe	NT		
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NRAI SERVIES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331					Street Address (P.O. Box Number is Not Acceptable)			)			
			}		Caty			ET Zio Code			
8. The above named entity submits this statement for the purpose of changing it					ed office or regis	tered agent, or both	r, in the State of Fic	FL rida. I em	-		
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SIGNATURE:											