2006 LIMITED LIABILITY COMPANY

Jul 18, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M05000003506** 06-20-2006 90299 021 ****50.00 CABÓT CYPRESS CREEK TOWER 11 LLC Mailing Address Principal Place of Business 100 SUMMER STREET, 23RD FLOOR 100 SUMMER STREET, 23RD FLOOR 30012019 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) Applied For City & State City & State 4. FEI Number Not Applicable Nor Bealicas La Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 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) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ■ Addition TITLE TITI F ☐ Delete NAME BARRON, JAMES R NAME STREET ADDRESS STREET ADDRESS **344 N.E. 21ST COURT** CITY-ST-ZIP WILTON MANORS, FL 33305 CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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☐ Addition

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11. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

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SIGNATURE:	Cauch	6	aus	7/10/06	646-367-5450		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime Phone #		

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT # M05000003 YPRESS CREEK TOWER					ATTA	abla	ACNIT	•
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City & State		City & State			4. FEI Numbe	·			opled For at Applicable
Zbp	Country	Zīp	Cour	dry	5. Certificate of Status Desired \$5.00 Addition			itional d	
· .	6. Herpe and Address of Current	7, Name and Address of New Registered Agent Name							
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4			Street Address (P.O. Box Number is Not Acceptable)						
WESTON,	WESTON, FL 33331			City			FL	Zip Cod	•
B. The spove	named ankly submits into statement for	the purpose of changing its	register	1	ered agent, or bot	h, in the State of Flo		familiar with,	and eccept
the obligat	tons of registered agent.			d Agent signature egydd		·	CATE		·
	ling Fee is \$50.00 ne by May 1, 2006								
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHNIGES	☐ Charge	□ Addition
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11. I hereby gentily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cardly that the information included 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 ampowered to execuse this report as required by Chapter 608, Florida Statutes. SIGNATURE:									