2006 LIMITED LIABILITY COMPANY

Jul 18, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M05000003507** 06-20-2006 90299 013 ****50.00 1. Entity Name **CABÓT CYPRESS CREEK TOWER 12 LLC** Principal Place of Business Mailing Address 30012018 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 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number Not Applicable Not Applicable Zip Country Zip Country \$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. 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ■ Addition ☐ Change MGRM TITLE ☐ Delete TITLE UNION & GROVE REALTY TRUST NAME NAME STREET ADDRESS P.O. BOX 461 STREET ADDRESS NH CITY-ST-ZIP Windhan WINDHAM, NJ 02087 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-78P Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME

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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:	Carth	P. alus	7/10/06	646-367-543	С
	TYPED OR PRINTED NAME OF S	IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	

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Suite, Apt. (e, ctc.	Suite, Apt. #, etc.	Suite, Apt. 9, etc.		06012006	Che-LLC	CR2E0	83 (11/05)		
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Zip	Country	Zip	Coun	ŧγ		of Status Desired		\$5,00 Add Fee Regulte	(Stora) d	
	6. Harse and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	tegistered /	Agent		
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2731 EXEC WESTON.	CUTIVE PARK DRIVE, SUITE 4	4	١	Street Address	s (P.O. Box Mumbe	er is Not Acceptable	o) 			
	÷		ا	City			FL	Zip Cod	<u></u>	
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Indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	g the acom	w logai effect as i	il made under offi	¦; Chad Iam 6 Mêrta(unther certify ging membe	that the info ir or manage	ametion or of the	
SIGNAT	rure:	P HOUSE MANAGES AFFERD LES	-sadde, O	Authorigies mark				oden Gera (