2006 LIMITER LIABILITY COMPANY **ANNUAL REPORT**

Jul 18, 2006 8:00 am Secretary of State DOCUMENT # M05000003520 06-20-2006 90299 015 ****50.00 CABÓT CYPRESS CREEK TOWER 14 LLC Principal Place of Business JUULLULD Mailing Address 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 Happicaby Not Applicable Zip Country Zip Country \$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 Zip Code City 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITE HOVANCSEK, LOUIS A NAME NAME STREET ADDRESS 7755 OLD MILL ROAD STREET ADDRESS GATES MILL, OH C/TY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT____

DOCUMENT # M05000003520 1. Entity Name CABOT CYPRESS CREEK TOWER 14 LLC					۸T	TA MUA	9 61 15
Principal Place of Business Melling Address 100 SUMMER STREET, 23RD FLOOR 100 SUMMER STREET, 23RD F BOSTON, MA 02111 BOSTON, MA 02111			.OOR		30	TACHI OV 20	ENI
2. Principal Place of Business 3. Maling Address					_,,		,
Suths, Apt. #, etc.	Suite, Apr. P. etc.	Julie, Apt. V. etc.		06012006	Cho-LLC	CR2E083 (11	/05)
City & State City & State		_		4. FEI Number			Applied For Not Applicable
Zip Country	Žip Countr		γ .		Status Desired	Fee Re) Additional guilled
6. Name and Address of Current Registered Agent			Name	7. Harne and A	ddress of New R	egistered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Street Address (P.O. Box Number is Not Acceptable)				
		ŀ	City			FL Zo	Code
The above nemed entity submits this statement in the obligations of registered agent.	or the purpose of changing its	registered	d office or register	ed agent, or both	in the State of Fig	vida. I em temilier	with, and accept
SIGNATURE Species, speed or private regressed again	and the Fapphospin, O-CT	2. Augustures	Agent signature required	alian mindaling)		DATE	
Filing Fee in \$50.00 Dise by May 1, 2006					Planta		
MANAGING MEMB		10.			ADDITIONS/	CHANGES	
TITLE MGRM HOVANCSEK, LOUIS A	.□ Ocies:	MAPIE DUTE					nge 🔲 Addition
STREET ACCRESS 7755 CLD MILL ROAD GATES MILL OH	•		T ADDRESS ST-20*				
TITLE	□ Deleto mil.						nga 🗆 Adsidon
HAME STREET ACCRESS	i. Ref		T ACTOMESS.				
CITT-ST-28P		ŒΥ·\$	ST-2P				
TITLE	□ Ominio 1771.			<u>्रहरूप४-८</u>	Q - Q	per ex	BAC MOSSION
STREET ACCACOS		STREET	ACCRESS .	riginami Tannonto	tet en transpirenten gant		
COTY-SI-ZP	C Deads	CUA-1	4.5.5	Circulation Control	- ZD X		ing C Addition
NAME	<u> </u>	NAME	32.7	1000 0 -	····//	2	<u> </u>
STREET ADDRESS CITY-ST-ZP		CMA-2			6/7/	06	
THE	C) Date	TITLE				☐ Cha	nge 🔲 Addition
TIMES ADDRESS		STREET.	AUPES				
crv-st-ar		CITY-S	IT-ZP				
mu.	☐ Delete	TATLE				□ 04a	nge 🗀 Addition
NAME							
STREET ACCACCES		STREET CITY-S	1 ACONESS 51-20°				
1	d that my signature shall have	city-s the exem the exema	st-2P aptions contained li legal effect as II m	rade undercette t	ha) í am a manag	Oner certify that the ing member or me	information nager of the