2006 LIMITED LIABILITY COMPANY

Jul 18, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M05000003579** 06-20-2006 90299 020 ****50.00 CABOT CYPRESS CREEK TOWER 10 LLC Principal Place of Business Mailing Address 30012020 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) City & State City & State 4. FEI Number Applied For Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Delete TITLE ☐ Change ☐ Addition TITLE NAME MASCI, VANCE NAME STREET ADDRESS 4054 N. LARKIN STREET STREET ADORESS SHOREWOOD, WI 53211 CITY-ST-ZIP CITY-ST-ZIP 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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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.

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003579 1. Grey Name CABOT CYPRESS CREEK TOWER 10 LLC											
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	6. Hame	and Address of Current	Registered Agent	Neme	7. Name and Address of New Registered Agent						
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					City		·		FI	Zp Çoc	ie
8. The above named criting submits this statement for the purpose of changing its register						ragistar	ed egent, or both	, in the State of Fic		graller with	and accept
The obligations of registered agent: SIGNATURE Springs, speed or project rame of registered agent and they applicable. Parties Registered Agent algorithm registered agent and they applicable. Parties Registered Agent algorithm registered agent and they applicable.											
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SIGNATURE:											