
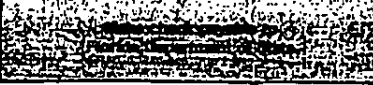


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/20/2006-90299-001-\$50.00-\$50.00

RECD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

<b>DOCUMENT # M05000003748</b> 1. Entity Name CABOT CYPRESS CREEK TOWER 18 LLC					
Principal Place of Business 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02111			Mailing Address 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02111		
2. Principal Place of Business  Subst. Apt. #, etc.		3. Mailing Address  Subst. Apt. #, etc.		4. FED Number 06012006 Chg-LLC CR29883 (11/05)	
City & State  Zip Country		City & State  Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Received	
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, hand or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KELLEHER, LINDA 70 GOVERNOR DINSMORE ROAD WINDHAM, NH 03087	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Carl P. Cabot</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>9/21/06</u> <span style="float: right;">1416-367-5400</span> <small>Date Chapter Form 7</small>		