

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05Q00006066**

1. Entity Name  
**CABOT TRAFALGAR/AVION ACQUISITION LLC**



**Principal Place of Business**

**C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901**

**Mailing Address**

**C/O NATIONAL CORPORATE RESEARCH, LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901**



07102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CABOT INVESTMENT PROPERTIES, LLC 100 SUMMER STREET, 23RD FLOOR DOVER, DE 19901</b>
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U00000572841  
08/01/06-80001-015.50.00

**DO NOT WRITE  
IN THIS SPACE**

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 808, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

7/10/06

646-367-5400