

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M0500006494

1. Entity Name
CABOT TRAFALGAR/AVION 5 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., INC.
515 EAST PARK AVE.
TALLHASSEE, 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 installing)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	REV. LIV. TRUST OF G.S. & E.J. FEBLOWITZ
STREET ADDRESS	50 EAST ROAD, APT. 10-A
CITY-ST-ZIP	DELRAY BEACH, FL 33483

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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07/31/06-80004-006 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 608, Florida Statutes.

SIGNATURE: _____

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

7/31/06 646-367-5400

Date

Daytime Phone #