

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006506

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** CABOT TRAFALGAR/AVION 18 LLC

**Current Principal Place of Business:**

NATIONAL CORPORATE RESEARCH,LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

NATIONAL CORPORATE RESEARCH,LTD.  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JONES FAMILY TRUST  
Address: 10526 MEDOC COURT  
City-St-Zip: SAN DIEGO, CA 92131

Title: MGRM  
Name: TIMOTHY, KROLL  
Address: 55 FIFTH AVENUE 13TH FLOOR  
City-St-Zip: NEW YORK, NY 10003 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY KROLL MGRM 04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date