2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # M06000001171

1. Entity Name

CABOT EAST BROWARD 3 LLC



Principal Place of Business

C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY

DOVER, DE 19901

SIGNATURE:

Mailing Address

C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY

DOVER, DE 19901

FILED Apr 23, 2008 08:00 AN Secretary of State



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		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. TALLAHASSEE, FL 32301

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the obligations of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable	(NOTE Registered Agent signature required when reinstating)	DATE		
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		05/09/08-80004-001 138.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	FARRELL, BRUCE				
STREET ADDRESS	P.O. BOX 964				
CITY-ST-ZIP	NORTH DIGHTON, MA 02764				
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature should be company or the receiver of trustee empowered to exer	qualify for the exemptions contained in Chapter 11 hall have the same legal effect as it made under o oute this report as required by Chapter 608, Floric	 Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the la Statutes. 		

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