

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90377 014 \*\*\*\*50.00

**DOCUMENT # M06000001178**

1. Entity Name  
CABOT EAST BROWARD 11 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007

Chg-LLC

CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
THE IRISH PARTNERSHIP  
P.O. BOX 8171  
CRANSTON, RH 02920 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
33 GLEN HILLS DRIVE  
CRANSTON, RI 02920 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DOYLE, MICHAEL C  
1007 ORANGE ST., STE 1410, NEMOURS BLDG  
WILIMINTON, DE 19801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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:** Carl P. Cabot Carlton Cabot  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/07 617-423-6776  
Date Daytime Phone #