2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001179

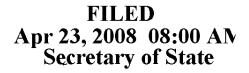
1. Entity Name
CABOT EAST BROWARD 13 LLC



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





01172008 No Chg-LLC

CR2E083 (12/07)

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

Signature, typed or printed name of registered agent and title if applicable

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

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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.
_	COLUTI DE

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	THOMPSON, EUGENE A			
STREET ADDRESS	4919 43RD PLACE N.W.			
CITY-ST-ZIP	WASHINGTON, DC 20016			
TITLE	MGRM			
NAME	THOMPSON, NANCY F			
STREET ADDRESS	4919 43RD PLACE N.W.			
CITY-SI-ZIP	WASHINGTON, DC 20016	25		
TITLE				
NAME				
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11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trystee 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

POU 4/1/

646-367-540

Daylime Phone #