

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001184

1. Entity Name

CABOT EAST BROWARD 12 LLC



Principal Place of Business

615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

Mailing Address

615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901



01192007 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 AVENUE
TALLAHASSEE, 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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PALOMINO, THOMAS TRUSTEE
STREET ADDRESS 16440 PINE CREEK LN.
CITY-ST-ZIP MEADOW VISTA, CA 95722

TITLE MGRM
NAME PALOMINO, RENEE A TRUSTEE
STREET ADDRESS 16440 PINE CREEK LN.
CITY-ST-ZIP MEADOW VISTA, CA 95722

TITLE MGR
NAME DOYLE, MICHAEL C
STREET ADDRESS 1007 ORANGE ST. STE 1410
CITY-ST-ZIP WILMINGTON, D 19801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000737998
05/11/07-80051-013 50.00

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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: *Carl P. Cabot* *Carlton Cabot* 4/20/07 617-423-6776

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

Date

Daytime Phone #