

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001184

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: CABOT EAST BROWARD 12 LLC

**Current Principal Place of Business:**

615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

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 ( ) Delete  
Name: PALOMINO, THOMAS TRUSTEE  
Address: 16440 PINE CREEK LN.  
City-St-Zip: MEADOW VISTA, CA 95722

Title: MGRM ( ) Delete  
Name: PALOMINO, RENEE A TRUSTEE  
Address: 16440 PINE CREEK LN.  
City-St-Zip: MEADOW VISTA, CA 95722

Title: MGR ( ) Delete  
Name: DOYLE, MICHAEL C  
Address: 1007 ORANGE ST. STE 1410  
City-St-Zip: WILMINGTON, D 19801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

04/06/2009

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