


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90419 030 \*\*\*\*50.00

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<b>DOCUMENT # M06000001256</b>	
1. Entity Name <b>CABOT EAST BROWARD LEASECO LLC</b>	

Principal Place of Business <b>615 SOUTH DUPONT HIGHWAY C/O NATIONAL CORPORATE RESEARCH, LTD. DOVER, DE 19901</b>	Mailing Address <b>615 SOUTH DUPONT HIGHWAY C/O NATIONAL CORPORATE RESEARCH, LTD. DOVER, DE 19901</b>
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30011976



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 <b>20-8387994</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

SIGNATURE \_\_\_\_\_ (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	MGR CABOT INVESTMENT PROPERTIES, LLC 100 SUMMER STREET, 23RD FLOOR BOSTON, MA 02110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOYLE, MICHAEL SUITE 1410, NEMOURS BLDG., 1007 ORANGE ST WILMINGTON, DE 19801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Carlton Cabot Carlton Cabot 4/20/07 617-423-6776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



Dover, DE • Los Angeles • Sacramento, CA • Albany, NY • New York City

615 South DuPont Highway, Dover, Delaware 19901

(302) 734-1450 Toll Free (800) 483-1140

Fax (302) 734-1476 E-mail: statrep@nationalcorp.com



MF056360

ATTACHMENT

**Mail Forwarding**

300 11976  
# M06000001256

**DATE:** June 1, 2007

**TO:** Timothy J. Kroll  
Cabot Investment Properties LLC  
55 5th Avenue  
Suite 2000  
New York, NY 10003

**SENT VIA:**

- ☒ Regular Mail  
☐ Facsimile Transmission  
☐ Other:

**RE:** MAIL FORWARDING FOR:  
**CABOT EAST BROWARD LEASECO LLC**

Enclosed please find the following on behalf of the referenced Limited Liability Company, which we have received, in the jurisdiction below as the statutory agent:

**Annual Report**

Florida Annual Report is being returned due to missing/incomplete information. Please review State's letter, make corrections and return to Florida division of Corporations within 30 days of date on State's letter.

Due Date (if any): Within 30 days of date on State's letter

Received in jurisdiction: **Florida**

Sincerely,

*Mary L. Fink*

Mary Fink

Encl.