

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001420

1. Entity Name

CABOT EAST BROWARD 20 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



01192007No 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 AVE.
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLOTZ, BERNARD 19580 BAY VIEW DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOYLE, MICHAEL C SUITE 1410, NEMOURS BLDG., 1007 ORANGE ST. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000738023
05/11/07-80051-020 50.00

**DO NOT WRITE
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. Cole Careton Cabot 4/20/07 617-423-6776

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

Date

Daytime Phone #