

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000001433

1. Entity Name
CABOT EAST BROWARD 33 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

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



01222007 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	A&E BRIERCREST, LLC
STREET ADDRESS	2249 CANYONBACK RD
CITY-ST-ZIP	LOS ANGELES, CA 90049
TITLE	MGR
NAME	DOYLE, MICHAEL C
STREET ADDRESS	1007 ORANGE ST., STE 1410, NEMOURS BLDG
CITY-ST-ZIP	WILMINGTON, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000738047
05/11/07-80053-007 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. 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 #