


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/7

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90376 034 \*\*\*\*50.00

<b>DOCUMENT # M06000006921</b>	
<b>1. Entity Name</b> CABOT OAK GROVE ASSET MANAGER LLC	

<b>Principal Place of Business</b> 55 5TH AVENUE, 13TH FLOOR NEW YORK, NY 10003	<b>Mailing Address</b> 55 5TH AVENUE, 13TH FLOOR NEW YORK, NY 10003
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30009749



<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02262007 Chg-LLC CR2E083 (12/06)

**4. FEI Number** 20-8073466 ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

<b>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</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL 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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **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	
<b>TITLE</b> MGR <b>NAME</b> CABOT INVESTMENT PROPERTIES, LLC <b>STREET ADDRESS</b> 55 5TH AVENUE, 13TH FLOOR <b>CITY-ST-ZIP</b> NEW YORK, NY 10003	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 4/20/07 617-423-6776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #