. 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

	Aittoal									
DOCUMENT # M0600007178 1. Entity Name CABOT OAK GROVE 26 LLC						05-07-200)7 90376	027 ***	**50.00	
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		 	I EBRA CINI DETIK STIRI EI	ir: 1514 1011 101				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02232007	Chg-LLC	CR2E0	83 (12/06)			
City & State	8	City & State		4. FEI Numb	er		——————————————————————————————————————	oplied For ot Applicable		
Zip	Country	Zip	Coun	lry	5. Certificate	of Status Desired		\$5.00 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered #	Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC.				Name						
515 EAST	PARK AVENUE SSEE, FL 32301	15., 110.		Street Addre	ess (P.O. Box Numb	er is Not Acceptab	le)			
				City				Zip Cod		
The above named entity submits this statement for the purcose of changing its regis					gistered agent, or bo	th, in the State of Fi	FL lorida. 1 am 1			
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. It am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and bits it applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
SIGNATURE.	Signature, typed or printed name of registered agent a	no title if applicable. (NOTE:	Registered	d Agent signature req	Quired when reinessing)		DATE			
· Fi	Signature, hipped or priviled name of registered agent a filling Fee Is \$50.00 ue by May 1, 2007	nd bie if applicable. (NOTE	: Registered	d Agent signature req	quired when minateling)		DATE ke check po la Departme		9	
· Fi	iling Fee is \$50.00		: Registered	d Agent signiture red	Ruined when renstabling)	Florid	ke check p		•	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007	RS/MANAGERS	10. TITLE NAME STREE	E A1	NOREW BEA	ADDITIONS	ke check p		Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM CABOT OAK GROVE ACQUISITE 55 5TH AVENUE, 13TH FLOOR	RS/MANAGERS	TITLE NAME STRE	E A1 ET ADDRESS 2 -S1-ZEP M/	ndrew bea	ADDITIONS	ke check p	ent of State		
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Fiorida 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME	Date	Daytime Phone €	
SIGNATURE: Cal P. Calv	Carlton Cabot	4/20/07	617-423-6776