

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/7.

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

05-07-2007 90376 022 \*\*\*\*50.00

<b>DOCUMENT # M06000007184</b> 1. Entity Name <b>CABOT OAK GROVE 21 LLC</b>					
Principal Place of Business <b>C/O NATIONAL CORPORATE RESEARCH, LTD.          615 SOUTH DUPONT HIGHWAY          DOVER, DE 19901</b>			Mailing Address <b>C/O NATIONAL CORPORATE RESEARCH, LTD.          615 SOUTH DUPONT HIGHWAY          DOVER, DE 19901</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 02232007 Chg-LLC CR2E083 (12/06)			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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 FL Zip Code			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 file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MCDANIEL 1031 REAL ESTATE INVESTMENT, LLC 1787 RAPALA DRIVE, NE DALTON, GA 30721</b> <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	
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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.					
<b>SIGNATURE:</b> <u>Carlton Cabot</u> <u>Carlton Cabot</u> <u>4/20/07</u> <u>617-423-6776</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Oayme Phone #</small>					

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