


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

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

05-07-2007 90376 018 \*\*\*\*50.00

<b>DOCUMENT # M06000007189</b> 1. Entity Name <b>CABOT OAK GROVE 17 LLC</b>																											
Principal Place of Business <b>615 SOUTH DUNPONT HIGHWAY DOVER, DE 19901</b>			Mailing Address <b>615 SOUTH DUNPONT HIGHWAY DOVER, DE 19901</b>																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																											
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>BECK, CHRISTOPHER R</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>81 SHELLEY ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HAMPSTEAD, NC 28443</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	BECK, CHRISTOPHER R	<input type="checkbox"/>	STREET ADDRESS	81 SHELLEY ROAD		CITY - ST - ZIP	HAMPSTEAD, NC 28443											
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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.																											
<b>SIGNATURE:</b> <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 Daytime Phone #</small>																											

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