


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000046782	
1. Entity Name NAHTEF HOLDINGS, LLC	

Principal Place of Business 2665 S. BAYSHORE DRIVE SUITE 601 COCONUT GROVE, FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE SUITE 601 COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1279539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J ESW  
 C/O HUNTON & WILLIAMS LLP  
 1111 BRICKELL AVE. SUITE 2500  
 MIAMI, FL 33131

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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 reinstating)

000000851143  
 03/25/08-80027-012 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP RAZOOK, RICHARD 2665 S BAYSHORE DR SUITE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LORIE, CATHERINE H 2665 S BAYSHORE DR SUITE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV HERETH, HANNJORG 2665 S BAYSHORE DR STE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV STOFFEL, REMO 2665 S BAYSHORE DR STE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Catherine Hoffme 3/5/08 305-285-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #