

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90264 042 ****50.00



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1. Entity Name
 MARUBENI/DOPPELMAYR CABLE CAR, LLC

Principal Place of Business
 1395 BRICKELL AVENUE, 14TH FLOOR
 MIAMI, FL 33131

Mailing Address
 1395 BRICKELL AVENUE, 14TH FLOOR
 MIAMI, FL 33131

2. Principal Place of Business
 701 Brickell Avenue
 Suite, Apt. #, etc.
 Suite 3000

3. Mailing Address
 701 Brickell Avenue
 Suite, Apt. #, etc.
 Suite 3000

City & State
 Miami FL

City & State
 Miami FL

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA



03102006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

DONALD P. MOORE, HOLLAND & KNIGHT LLP
 701 BRICKELL AVE., STE 3000
 MIAMI, FL 33131

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 Donald P. Moore DATE March 16, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DCC DOPPELMAYR CABLE CAR, LLC P.O. BOX 531518 HENDERSON, NV 89053	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Donald P. Moore Date March 14, 2006 305 789 7638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE