

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# L04000084466

Entity Name: MARUBENI/DOPPELMAYR CABLE CAR, LLC

Current Principal Place of Business:

1776 I-STREET, N.W.
STE. 725
WASHINGTON, DC 20006

New Principal Place of Business:

New Mailing Address:

C/O DONALD PIERCE MOORE
701 BRICKELL AVENUE, STE 3000
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE
STE 3000
MIAMI, FL 33131

FEI Number: 20-3334023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DCC DOPPELMAYR CABLE, CAR, LLC
Address: P.O. BOX 531518
City-St-Zip: HENDERSON, NV 89053

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M (X) Change () Addition
Name: MARUBENI CORPORATION,
Address: 4-2 OHEMACHI 1-CHOME, CHIYODA-KU
City-St-Zip: TOKYO, JA JAPAN

Title: M () Change (X) Addition
Name: DOPPELMAYR CABLE CAR, AMERICA, INC.
Address: 3160 WEST 500 SOUTH
City-St-Zip: SALT LAKE CITY, UT 84104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARUBENI CORPORATION

M

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date