2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000093224

1. Entity Name
NAHTEF FUND GP - 2005, LLC

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DRIVE, SUITE 601 COCONUT GROVE, FL 33133	2665 S. BAYSHORE DRIVE, SUITE 601 COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J ESQ.
HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000851142
03/25/08-80027-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	RAZOOK, RICHARD
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 601
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VP
NAME	HERETH, HANNJORG
STREET ADDRESS	2665 S. BAYSHORE DRIVE, SUITE 601
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VP
NAME	STOFFEL, REMO
STREET ADDRESS	2665 S BAYSHORE DR STE 601
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	ST
NAME	LORIE', CATHERINE H
STREET ADDRESS	2665 S BAYSHORE DR STE 601
CITY-ST-ZIP	MIAMI, 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 H Lorie' 3/6/08 305-285-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #