


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90029 004 ****50.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAZOOK, RICHARD J ESQ C/O HUNTON & WILLIAMS LLP 1111 BRICKELL AVE. SUITE 2500 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	Pres/Mgr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAZOOK, RICHARD		NAME	2665 S. Bayshore Dr. Ste 601	
STREET ADDRESS	2665 S. BAYSHORE DRIVE		STREET ADDRESS	2665 S. Bayshore Dr Ste 601	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	VP/Mgr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERETH, HANNJORG		NAME	2665 S. Bayshore Dr Ste 601	
STREET ADDRESS	2665 S. BAYSHORE DRIVE		STREET ADDRESS	2665 S. Bayshore Dr Ste 601	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601	
TITLE	MGR <input type="checkbox"/> Delete		TITLE	VP/Mgr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOFFEL, REMO		NAME	2665 S. Bayshore Dr Ste 601	
STREET ADDRESS	2665 S. BAYSHORE DRIVE		STREET ADDRESS	2665 S. Bayshore Dr Ste 601	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	2665 S. Bayshore Dr Ste 601	
TITLE	<input type="checkbox"/> Delete		TITLE	Secy/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Catherine H. Lorie	
STREET ADDRESS			STREET ADDRESS	2665 S. Bayshore Dr Ste 601	
CITY-ST-ZIP			CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Catherine H Lorie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/13/06 305-285-5588 <small>Date Daytime Phone #</small>		