


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093224 1. Entity Name NAHTEF FUND GP - 2005, 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
---	---



02052007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 ESQ.
HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$50.00
Due by May 1, 2007

U00000641114
02/28/07-80094-009 50.00

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

DO NOT WRITE IN THIS SPACE

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 2/9/07 305-285-5588

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