


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # L05000094126  
 1. Entity Name  
 NAHTEF SECURITIES, LLC



Principal Place of Business 2665 S. BAYSHORE DRIVE STE 601 COCONUT GROVE, FL 33133	Mailing Address 2665 S. BAYSHORE DRIVE STE 601 COCONUT GROVE, FL 33133
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1279539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 RAZOOK, RICHARD J  
 1111 BRICKELL AVENUE, STE 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 \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP RAZOOK, RICHARD J 2665 S. BAYSHORE DRIVE STE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV HERETH, HANNJORG 2665 S. BAYSHORE DRIVE STE 601 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV 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	

U00000850272  
 03/21/08-80057-011 138.75

**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 3/5/08 305-285-5588

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