


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

|  |   |
|--|---|
| <b>DOCUMENT # L05000093224</b>               |  |
| 1. Entity Name<br>NAHTEF FUND GP - 2005, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>2665 S. BAYSHORE DRIVE, SUITE 601<br>COCONUT GROVE, FL 33133 | Mailing Address<br>2665 S. BAYSHORE DRIVE, SUITE 601<br>COCONUT GROVE, FL 33133 |
|---|---|



03052008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>NOT APPLICABLE                           | Applied For<br>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 \_\_\_\_\_

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

U00000851142  
 03/25/08-80027-011-138.75

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRP<br>RAZOOK, RICHARD<br>2665 S. BAYSHORE DRIVE, SUITE 601<br>COCONUT GROVE, FL 33133 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>HERETH, HANNJORG<br>2665 S. BAYSHORE DRIVE, SUITE 601<br>COCONUT GROVE, FL 33133  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>STOFFEL, REMO<br>2665 S BAYSHORE DR STE 601<br>MIAMI, FL 33133                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>LORIE', CATHERINE H<br>2665 S BAYSHORE DR STE 601<br>MIAMI, FL 33133              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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' 3/6/08 305-285-5588

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