.2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # L02000002064 04-19-2006 90021 027 ****50.00 NRV/CAB ENTERPRISES, LLC Principal Place of Business Mailing Address 2600 DOUGLAS ROAD 2600 DOUGLAS ROAD STE 405 STE 405 CORAL GABLES, FL 33134-CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address 12328 SW 177 Court 12328 SW 117 Court Suite, Apt. #, etc. Suite, Apt. #, etc. 03262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Miami, FL 33186 Miami, FL 33186 20-0100730 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33186 US 33186 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STERNS WEAVER MILLER WEISSLER, ET AL Street Address (P.O. Box Number is Not Acceptable) C/O RICHRD E. SCHATZ 150 WEST FLAGLER STREET, SUITE 200 IAMI, FL 33130 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 Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM T Change ☐ Addition TITLE ☐ Delete TITLE Van Aken, Norman VAN AKEN, NORMAN NAME NAME 12328 SW 117 Court STREET ADDRESS STREET ADDRESS 21 ALMERIA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Miami, FL 33186 MGRM K Change MGRM ☐ Delete TITLE ■ Addition TITLE Bruggemeier, Carl BRUGGEMEIER, CARL NAMÉ STREET ADDRESS 21 ALMERIA AVENUE STREET ADDRESS 12328 SW 117 Court CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-ZIP Miami, FL 33186 ☐ Change Addition TITLE ☐ Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information sepplied with this fling 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 accurring 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 true type movement to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

ATTACHMENT

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.

Miami • Ft. Lauderdale • Tampa

April 17, 2006 20632574 #(62000002064

Via Overnight Courier

Secretary of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, Florida 32301

Re: NRV/CAB Enterprises, LLC

Dear Sir/Madame:

Enclosed for filing are an original and one copy of the 2006 Uniform Business Report for the above-referenced Florida limited liability company, and the Company's check in the amount of \$50 representing the filing fee. Please file stamp the copy and return it to the undersigned in the self-addressed, stamped envelope provided for your convenience.

Very truly yours,

Jackie Gerstenfeld

Corporate Legal Assistant

nte Dustnfrl

/jg Enclosures

cc: Jane Vail

Rick Schatz

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