Sent by: STEARNS WEAVER 78[illegible] 10/[illegible]/03 14:08; JetFax #005; Page 2/2

L02000002064

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002064

1. Entity Name

NRV/CAB ENTERPRISES, LLC 9/26/03

FILED 03 OCT -8 AM 8:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

BK

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2. Principal Place of Business		3. Mailing Address	
21 Almeria Avenue		21 Almeria Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Coral Gables, FL		City & State: Coral Gables, FL	
Zip: 33134	Country: USA	Zip: 33134	Country: USA

4. FEI Number: 20-0100730 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Stearns Weaver Miller Weissler, et al

Street Address (P.O. Box Number is Not Acceptable): c/o Richard E. Schatz

150 West Flagler Street, Suite 2200

City: Miami FL Zip Code: 33130

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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] Signature, typed or printed name of registered agent and title if applicable

DATE

600023654546

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Norman Van Aken
STREET ADDRESS	21 Almeria Avenue
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	MGRM
NAME	Carl Bruggemeier
STREET ADDRESS	21 Almeria Avenue
CITY-ST-ZIP	Coral Gables, Florida 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2003

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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 10/8/03 305-446-3797

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

CSC

CORPORATION SERVICE COMPANY™

L02000002064

ACCOUNT NO. : 072100000032

REFERENCE : 273137 4311473

AUTHORIZATION : Patricia Pezzito

COST LIMIT : $ 155.00

ORDER DATE : October 8, 2003

ORDER TIME : 3:46 PM

ORDER NO. : 273137-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

FILED
03 OCT -8 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: NRV/CAB ENTERPRISES, LLC

RECEIVED
03 OCT -8 PM 4:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____