2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017883

1. Entity Name NE-CADILLAC, LLC



FILED Apr 17, 2006 08:00 Al Secretary of State

Principal Place of Business

4000 N. FEDERAL HWY., SUITE 206 BOCA RATON, FL 33431 Mailing Address

1000 OMNI BLVD. NEWPORT NEWS, VA 23606

DO NOT WRITE IN THIS SPACE

03272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1458124 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MACLAREN, LINDA O 798 SO FEDERAL HIGHWAY STE. 100 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered	Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		· · · · · · · · · · · · · · · · · · ·	1100000515650 -04739706-80318-014-50,09
9.	MANAGING MEMBERS/MANAGERS			A 13 Product 2012 St. on programme and an arrange and an arrange and arrange arrange and arrange arran
THLE	MGRM			
NAME	ECONOMOS, NICHOLAS			
STREET ADDRESS	4000 N. FEDERAL HWY., SUITE 206			
CITY-ST-ZIP	BOCA RATON, FL 33431			
THILE			· - -	
NAME	}			
STREET ADDRESS				

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 receiving or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NICK ECONOMOS

04/04/2006

(757) 591-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #