2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017883

1. Entity Name NE-CADILLAC, LLC



FILED Apr 24, 2008 08:00 AN 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

04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-1458124		Not Applicable
5. Certificate of Status Desired		O Additional

6. Name and Address of Current Registered Agent

CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

		li 4	IN THIS SPACE		
	e named entity submits this statement for the purpose of cha tions of registered agent.	I anging its registered office or registered agent, or bo	oth, 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		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000917848 05/13/08-80059-002 138.75		
9.	MANAGING MEMBERS/MANAGERS		,		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N. FEDERAL HWY., SUITE 206 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS		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 frue and accurate and that my security 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 required or trustee empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NICK ECONOMOS

04/21/2008

(757) 591-3519

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

Date

Daytime Phone #