2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017887

1. Entity Name EE-CADILLAC, LLC



FILED Apr 26, 2007 08:00 A 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



04202007 No Chg-LLC

CR2E083 (11/05)

| 4. FEI Number | Applied For | |
|----------------------------------|-------------------|-----|
| 20-1458201 | Not Applica | ble |
| 5. Certificate of Status Desired | \$5.00 Additional | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O 798 S. FEDERAL HWY., STE. 100 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | e named entity submits this statement for the purpose of char tions of registered agent. | nging its registered office or registered agent, or both | n, in the State of Florida. I am familiar with, and accept |
|--------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|
| SIGNATURE. | Signature, typed or printed name oil registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi De | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE | MGRM | | |
| NAME | ECONOMOS, NICHOLAS | İ | |
| STREET ADDRESS | 4000 N. FEDERAL HWY., SUITE 206 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | |
| TITLE | | | |
| NAME | | | U00000735680 |
| STREET ADDRESS | | | U00000735680 05/10/07-80043-014 50.00 |
| CITY-ST-ZIP | | , | 40. 10. 01. 000,0 01.1 00.00 |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | DO | NOT WOITE |
| CITY-ST-ZIP | | סע ן י | NOT WRITE |
| TITLE | | INI 7 | THE SPACE |
| NAME | | l III i | HIS SPACE |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | · | |

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 receiver or trustee empowered to scutte this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Williams

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

NICK ECONOMOS

04/25/2007

(757) 591-3519

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

Date

Daytime Phone #