## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

MED OR PRINTED NAME

## Apr 19, 2006 8:00 am Secretary of State DOCUMENT # L03000009175 04-19-2006 90021 025 \*\*\*\*50.00 NEW WORLD ORLANDO, LLC Principal Place of Business Mailing Address 2600 DOUGLAS ROAD 2600 DOUGLAS ROAD -- ~~~010 **STE 405** STE 405 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business 12328 SW 117 Court 12328 SW 117 Court Suite, Apt. #, etc. Suite, Apt. #, etc. 03262006 CR2E083 (11/05) Chg-LLC Applied For Miami, FL Çity & State 4. FEI Number Miámi, FL 75-3107656 Not Applicable Zip Country \$5.00 Additional 33186 5. Certificate of Status Desired $\Box$ US 33186 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEARNS WEAVER MILLER WEISSLER ALHADEFF & Street Address (P.O. Box Number is Not Acceptable) SITTERSON, P.A. C/O RICHARD E. SCHATZ 150 W FLAGER ST, STE 2200 MIAMI, FL 33130 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition MGRM MGRM Change TITLE TIT! F ☐ Delete NRV/CAB Enterprises, LLC 12328 SW 117 Court NRV/CAB ENTERPRISES, LLC NAME NAME STREET ADDRESS 2600 DOUGLAS ROAD STE 405 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Miami, FL 33186 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

## ATTACHMENT WEISSLER ALHADEFF & SITTERSON, P.A.

Miami

■ Ft. Lauderdale ■ Tampa

April 17, 2006

Via Overnight Courier

20032576 #L03000009175 Secretary of State Division of Corporations 2670 Executive Center Circle, Suite 100 Tallahassee, Florida 32301

Re:

New World Orlando, 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 selfaddressed, stamped envelope provided for your convenience.

Very truly yours,

Jackie Gerstenfeld

Corporate Legal Assistant

Suduper

/jg **Enclosures** 

cc:

Jane Vail

Rick Schatz

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