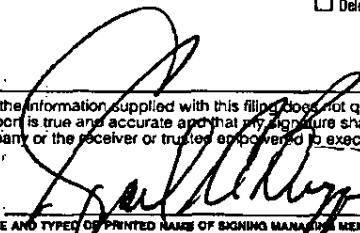


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/13

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-13-2004 90056 023 ****50.00

DOCUMENT # L03000020107 1. Entity Name NEW WORLD L.A., LLC			
Principal Place of Business 21 ALMERIA AVE. CORAL GABLES, FL 33134		Mailing Address 21 ALMERIA AVE. CORAL GABLES, FL 33134	
2. Principal Place of Business 2600 Douglas Road Suite, Apt. #, etc. Suite 405		3. Mailing Address 2600 Douglas Road Suite, Apt. #, etc. Suite 405	
City & State Coral Gables, FL Zip 33134		City & State Coral Gables, FL Zip 33134	
Country 		Country 	
4. FEI Number 54-2112974		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, PA-C/O RICHARD E. SCHATZ 150 W. FLAGLER ST., 2200 MUSEUM TOWER MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NRV/CAB Enterprises, LLC ☐ Delete 2600 Douglas Road, Suite 405 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 7-1-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

34009621



07012004 Chg-LLC CR2E083 (10/03)