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Jul 30, 2004 8:00 am
Secretary of State
07-13-2004 90056 023 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/13

DOCUMENT # L03000020107

1. Entity Name
NEW WORLD L.A., LLC

Principal Place of Business	Mailing Address
21 ALMERIA AVE. CORAL GABLES, FL 33134	21 ALMERIA AVE. CORAL GABLES, FL 33134

34009621

07012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2600 Douglas Road	2600 Douglas Road
Suite, Apt. #, etc.: Suite 405	Suite, Apt. #, etc.: Suite 405
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country:	Zip: 33134 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 reinstating) DATE

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 MGRM 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
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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: [signature] 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #