2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000027396

1. Entity Name NE-BA, LLC

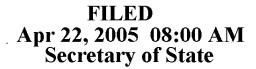
Principal Place of Business

SIGNATURE

4000 N. FEDERAL HWY, STE, 206 BOCA RATON, FL 33431

Mailing Address

1000 OMNI BLVD. NEWPORT NEWS, VA 23606





DO NOT WRITE IN THIS SPACE

CR2E083 (10/03) 03252005 No Chg-LLC Applied For 4. FEI Number 20-1440955

\$5.00 Additional 5. Certificate of Status Desired

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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		(NOTE, Registered Agent signature required whon roinstati	ng) DATE
Filing Fee is \$50.00 Due by May 1, 2005			U00000324788 04/22/05-80107-015 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N FEDERAL HWY STE 206 BOCA RATON, FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11	N THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 eignature 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 specific this report as required by Chapter 608, Florida Statutes.			

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE