

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000027396</b><br>1. Entity Name<br>NE-BA, LLC |  |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                              |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business<br>4000 N. FEDERAL HWY, STE. 206<br>BOCA RATON, FL 33431 | Mailing Address<br>1000 OMNI BLVD.<br>NEWPORT NEWS, VA 23606 |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------|

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03272006 No Chg-LLC

CR2E083 (11/05)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-1440955                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MACLAREN, LINDA O<br>798 SOUTH FEDERAL HWY., STE. 100<br>BOCA RATON, FL 33432 |
|--------------------------------------------------------------------------------------------------------------------------------------|

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

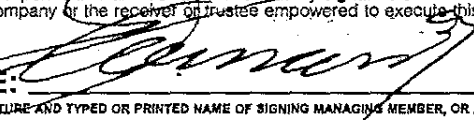
**Filing Fee is \$50.00  
Due by May 1, 2006**

000000515645  
04/29/06 80216 007 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ECONOMOS, NICHOLAS<br>4000 N FEDERAL HWY STE 206<br>BOCA RATON, FL 33431 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |

**DO NOT WRITE  
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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 trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**  **NICK ECONOMOS** 04/04/2006 (757) 591-3519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #