

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000054922

1. Entity Name
NAHTEF ACQUISITIONS, LLC



Principal Place of Business

2665 S. BAYSHORE DRIVE, SUITE 601
COCONUT GROVE, FL 33133

Mailing Address

2665 S. BAYSHORE DRIVE, SUITE 601
COCONUT GROVE, FL 33133



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1279539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J ESQ
C/O HUNTON & WILLIAMS LLP
1111 BRICKELL AVENUE, SUITE 2500
MIAMI, FL 33131

**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

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 May 1, 2007**

U00000641112
02/28/07-80094-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HERETH, HANNJORG
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 601
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGR
NAME STOFFEL, REMO
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 601
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGRP
NAME RAZOOK, RICHARD J
STREET ADDRESS 2665 S BAYSHORE DR, STE 601
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ST
NAME LORIE, CATHERINE H
STREET ADDRESS 2665 S BAYSHORE DR, STE 601
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: Catherine H Lorie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/9/07

Date

305-285-5588

Daytime Phone #