

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059365

FILED
Apr 30, 2007
Secretary of State

Entity Name: NKV, L.L.C.

Current Principal Place of Business:

OFFICE IN THE PARK
7385 S.W. 87TH AVE., SUITE 400
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

OFFICE IN THE PARK
7385 S.W. 87TH AVE., SUITE 400
MIAMI, FL 33173

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERONA, RUSSELL
OFFICE IN THE PARK
7385 S.W. 87TH AVE., SUITE 400
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, DANIEL
Address: 201 SOUTH BISCAYNE BLVD., SUITE 3000
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: VERONA, RUSSELL
Address: 7385 S.W. 87TH AVENUE, SUITE 400
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: KAIRE, MARK
Address: 44 W. FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL VERONA

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date