


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L06000041709 1. Entity Name NIFE 2006, L.L.C.	
-----------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1001 BRICKELL BAY DRIVE, STE. 1400 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DRIVE, STE. 1400 MIAMI, FL 33131
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



03252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8215693	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSEN, BORIS
1001 BRICKELL BAY DRIVE, STE. 1400
SUITE 1400
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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000872927
04/10/08-80057-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MULLER, FRANK H 1001 BRICKELL BAY DRIVE, STE. 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICK DE MULLER, BRIGITTE J 1001 BRICKELL BAY DRIVE, STE. 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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  **FRANK H. MULLER** 3/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #