2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000009017

NATIONSCORP REGISTERED AGENTS, INC.

CGR/SEVEN LLC



Principal Place of Business

36 E 12TH ST., 14TH FLOOR NEW YORK, NY 10003

526 E. PARK AVENUE

Mailing Address

36 E 12TH ST., 14TH FLOOR NEW YORK, NY 10003

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90103 032 ****50.00

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3616679

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE

| TALLAHASSEE, FL 32301 | | IN THIS SPACE |
|---------------------------------------|---|--|
| 8. The above the obligat | named entity submits this statement for the purpose of changing its registeretions of registered agent. | d office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | | Agent signature required when reinstating) DATE |
| Fi D | iling Fee is \$50.00 ue by May 1, 2005 | · · · · · · · · · · · · · · · · · · · |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PLOTCH, ADRIBNE 841 BROADWAY, 50: 1 502 NEW YORK, NY 10003 | DO NOT WRITE IN THIS SPACE |
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| TITLE | | |

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

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