


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90060 047 ****50.00

DOCUMENT # L01000011396

1. Entity Name
NARNIAN ENTERPRISES, LLC



Principal Place of Business 2504 AVE. G NW WINTER HAVEN, FL 33880	Mailing Address 2504 AVE. G NW WINTER HAVEN, FL 33880
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20051654



DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3731975	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DESROCHERS, CHRISTOPHER
 2504 AVE. G NW
 WINTER HAVEN, FL 33880**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESROCHERS, MONIQUE 2504 AVE G NW WINTER HAVEN, FL 33886
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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: *Monique Desrochers* **427-05 863-299-8309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #