

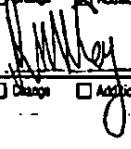
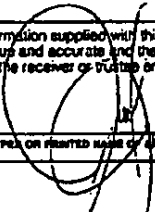


FILED
Jun 19, 2008 8:00 am
Secretary of State

04-28-2008 90048 036 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

474

| | | | |
|--|---|---|---|
| DOCUMENT # L05000100452 | |  | |
| 1. Entity Name NAVICON UNLIMITED, LLC | | | |
| Principal Place of Business 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 | | Mailing Address 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 20-3626668 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GONZALEZ, ROY 9100 S DADELAND BLVD SUITE 415 MIAMI, FL 33156 | | Name Gabriel Yanez Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 72 AVE, #520 City Miami FL Zip Code 33126 | |
| 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 Florida Statute 608. | | | |
| SIGNATURE  GABRIEL YANEZ | | DATE 6/16/08 | |
| SIGNATURE, typed or printed name of registered agent and title if applicable | | NOTE: Registered Agent signature required when reappointing | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ZANZOTTERA, CARLOS 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM ZANZORRETTA, GUSTAVO 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM GONZALEZ, ROY 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM Gabriel Yanez 1150 N.W. 72 Ave, #520 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM GONZALEZ, FRANCISCO 1150 NW 72ND AVE STE 520 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | GUSTAVO ZANZOTTERA 4/21/08 305 592-7630 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

30003303



04092008 Chg-LLC CR2E083 (12/06)