2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

1. Entity Nar	VIATION, L.C.	472 		Secretary of State
		Mailing Address 2139 PALM BEACH LAKES BLV WEST PALM BEACH, FL	/D.	
DO NOT WRITE IN THIS			CE	01132005 No Chg-LLC
	6, Name and Address of Current R	egistered Agent		5. Certificate of Status Desired S5.00 Additional Fee Required
2700 N. M SUITE 130	EIN, MARK B IILITARY TRAIL			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 argnature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005 100000310350 -04/18/05-80001-002 50.00				
9.	MANAGING MEMBER	S/MANAGERS	1	04/18/03-80001-002 30:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLOYD, DONALD S 1835 S. OCEAN BLVD. UNIT A DELRAY BEACH, FL 33483			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Da				