2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024856

Entity Name: NOTRE FAMILLE OF NAVARRE LLC

2307 CATALINA VIEW DR

TUCSON, AZ 85742 US

Address:

City-St-Zip:

FILED May 10, 2005 Secretary of State

Current D	rincipal Place of Business:	New Principal Place of Business		
Current	inicipal Flace of Business.	New Fillicipal Flace of Busiliess	•	
	SET HARBOR DR			
314 NAVARRE	E, FL 32566 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
2821 IROG THOMPSO	QUOIS DR DNS STATION, TN 37179 US			
	: 05-0529309 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability co		e of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of New Regis	stered Agent:	
7474 SUN	ENT MARKETING , INC SET HARBOR DR EBEACH, FL 32566 US	JME MANAGEMENT INC 8499 GULF BLVD NAVARRE BEACH, FL 32566 U	JS	
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or req	gistered agent, or both,	
SIGNATURE: KATE WILKES		05/	05/10/2005	
	Electronic Signature of Registered A	gent D	ate	
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete TOLL, BROOKE J 2821 IROQUOIS DR THOMPSONS STATION, TN 37179 US	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete TOLL, MARSHA J 312 BELLEVUE STREET CAPE GIRARDEAU, MO 22701 US	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete WOLFF, STACEY 2307 CATALINA VIEW DR TUCSON, AZ 85742 US	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name:	MGRM () Delete WOLFF, TODD	Title: () Change() Name:) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: BROOKE J TOLL MGRM 05/10/2005