## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000024856

Name:

Address:

City-St-Zip:

WOLFF, TODD

2307 CATALINA VIEW DR

TUCSON, AZ 85742 US

Entity Name: NOTRE FAMILLE OF NAVARRE LLC

FILED Aug 02, 2006 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	SET HARBOR DR			
314	SET HARBOR DR			
	E, FL 32566 US			
Current Mailing Address:		New Mailing A	New Mailing Address:	
2821 IROC THOMPSC	QUOIS DR DNS STATION, TN 37179 US			
In accordan	: 05-0529309 FEI Number Applied For ( ) ce with s. 607.193(2)(b), F.S., the limited liability con I Address of Current Registered Agent:			
riaine and	, , taarees er earrein roogreterea , tgent.	Turino ana 7 tao		
JME MANAGEMENT INC			ELLIOTT, PEGGY	
8499 GULF BLVD NAVARRE BEACH, FL 32566 US			2024 FOUNTAINVIEW DR NAVARRE, FL 32566 US	
14/ ( 7/ (1 ( 1 ( 1	DE/(O1), 1 E 32330 GG	14/ (V/ ((((C, 1 )	32300 00	
	e named entity submits this statement for the pee of Florida.	ourpose of changing its re	gistered office or registered agent, or both	
SIGNATURE: PEGGY ELLIOTT			08/02/2006	
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	TOLL, BROOKÉ J	Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	2821 IROQUOIS DR	Address:		
City-St-Zip:	THOMPSONS STATION, TN 37179 US	City-St-Zip:		
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition	
Name:	TOLL, MARSHÁ J	Name:	( )	
Address:	312 BELLEVUE STREET	Address:		
City-St-Zip:	CAPE GIRARDEAU, MO 22701 US	City-St-Zip:		
Title:	MGRM ( ) Delete	Title:	() Change () Addition	
Name:	WOLFF, STACEY	Name:		
Address:	2307 CATALINA VIEW DR	Address:		
City-St-Zip:	TUCSON, AZ 85742 US	City-St-Zip:		
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BROOKE J TOLL MGRM 08/02/2006