2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024856

WOLFF, TODD

2307 CATALINA VIEW DR

TUCSON, AZ 85742 US

Name:

Address:

City-St-Zip:

Entity Name: NOTRE FAMILLE OF NAVARRE LLC

FILED May 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7472 SUNSET HARBOR DR 314 NAVARRE, FL 32566 **New Mailing Address: Current Mailing Address:** 2821 IROQUOIS DR THOMPSONS STATION, TN 37179 US FEI Number: 05-0529309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLIOTT, PEGGY BABUSKA, DAN 2024 FOUNTAINVIEW DR 2209 HIGHWAY 87 NAVARRE, FL 32566 NAVARRE, FL 32566 US 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. SIGNATURE: DAN BABUSKA 05/06/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TOLL, BROOKE J Name: 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, MARSHA J Name: Address: 312 BELLEVUE STREET Address: City-St-Zip: CAPE GIRARDEAU, MO 22701 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WOLFF, STACEY Name: Name: 2307 CATALINA VIEW DR Address: 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 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 TOLL MGRM 05/06/2007