2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # L03000009261 1. Entity Name 02-04-2004 90231 037 \*\*\*\*50.00 NAVIGATION VACATIONS LLC Principal Place of Business Mailing Address 4044 W. LAKE MARY BLVD., #104-305 4044 W. LAKE MARY BLVD., #104-305 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3525 W. Lake Mary Blvd 3525 W Lake Mary Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE 308 B 308B Applied For City & State 4. FE! Number City & State 27-0050968 ake Mary: FZ Not Applicable ake Mari CountryUSA \$5.00 Additional 5. Certificate of Status Desired ÜSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORSE, CRAIG Street Address (P.O. Box Number is Not Acceptable 3525 W. Lake Many 4044 W. LAKE MARY BLVD., #104-305 LAKE MARY FL 32746 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 agen ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Change TITLE ☐ Addition TITLE MGRM Delete Morse, Craig 3525 W. Lake Mary Blvd #308B NAME NAME MORSE, CRAIG STREET ADDRESS 4044 W. LAKE MARY BLVD., #104-305 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-7IP Lake Marv, Fz 32746 CITY-ST-ZIP M Change Addition ☐ Delete TITLE MGRM TITLE Farina, Marissa 3525 W. Lake Mary Blvd #308B NAME FARINA, MARISSA NAME STREET ADDRESS 4044 W. LAKE MARY BLVD., #104-305 STREET ADDRESS. Lake Mary, FL 32746 CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP Change: ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED