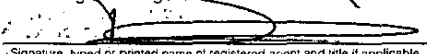
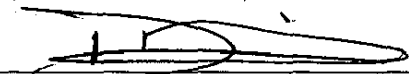


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-05-2004 90502 013 ****50.00
04-28-2004 90069 002 ****50.00

DOCUMENT # L03000029190					
1. Entity Name NAIVIN LLC					
Principal Place of Business 51 SW 11TH STREET SUITE 1129 MIAMI, FL 33130			Mailing Address 51 SW 11TH STREET SUITE 1129 MIAMI, FL 33130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20 0187180		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAIVIN, DIDIER 12174 RIVERBEND TRACE PORT-ST. LUCIE, FL 34984			Name DIDIER NAIVIN Street Address (P.O. Box Number is Not Acceptable) 51 SW 11 STREET # 1129 City MIAMI FL 33130		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
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, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date _____ Daytime Phone # _____	

24057349



04192004 Chg-LLC CR2E083 (10/03)