

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 019 ****50.00

DOCUMENT # L03000029190	
1. Entity Name NAVIN 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
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2. Principal Place of Business 4508 NW 114th Avenue Suite, Apt. #, etc. Apt # 2108 City & State Miami, FL Zip 33178	3. Mailing Address 4508 NW 114th Avenue Suite, Apt. #, etc. Apt # 2108 City & State Miami, FL Zip 33178
Country USA	Country USA



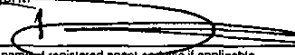
01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0187180	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAVIN, DIDIER 51 SW 11 STREET # 1129 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name NAVIN, DIDIER Street Address (P.O. Box Number is Not Acceptable) 4508 NW 114th Avenue # 2108 City Miami FL Zip Code 33178
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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 	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NAVIN, DIDIER 515 W 11 STREET # 1129 MIAMI, FL 33130 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NAVIN, DIDIER 4508 NW 114th Avenue # 2108 Miami, FL 33178 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: 	Date 1/6/2005	Daytime Phone #
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