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
NAIVIN LLC

Principal Place of Business	Mailing Address
51 SW 11TH STREET SUITE 1129 MIAMI, FL 33130	51 SW 11TH STREET SUITE 1129 MIAMI, FL 33130

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

01072005 Chg-LLC CR2E083 (10/03)

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 515W 11 STREET # 1129 MIAMI, FL 33130	Name: Naivin, Didier Street Address (P.O. Box Number is Not Acceptable): 4508 NW 114th Avenue # 2108 City: Miami FL Zip Code: 33178

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAIVIN, DIDIER 515 W 11 STREET # 1129 MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Naivin, 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: ______________________ 1/07/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #