2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90260 005 ****50.00

DOCUMENT # L03000029190

1. Entity Name
NAIVIN LLC

Principal Place of Business	Mailing Address
4508 NW 114TH AVENUE APT 2108 MIAMI, FL 33178	4508 NW 114TH AVENUE APT 2108 SUITE 1129 MIAMI, FL 33178

03092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
51 SW 11th St	51 SW 11th St
Suite, ~~Apt. #, etc.~~ # 528	Suite, ~~Apt. #, etc.~~ # 528
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33130 Country:	Zip: 33130 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

NAIVIN, DIDIER
4508 NW 114TH AVENUE APT 2108
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name: NAIVIN DIDIER
Street Address (P.O. Box Number is Not Acceptable): 51 SW 11th St
528
City: Miami **FL** Zip Code: 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 ______________________
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, 2006

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 4508 NW 114TH AVENUE APT 2108 MIAMI, FL 33178	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 51 SW 11th St # 528 Miami, FL. 33130
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
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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 exemptions contained in Chapter 119, 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] 03/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #