

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012261

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** NAVARRE COMMERCIAL DEVELOPERS, L.L.C.

**Current Principal Place of Business:**

4 LAGUNA STREET  
SUITE 201  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

4 LAGUNA STREET  
SUITE 201  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 20-0914829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLBERT, RICHARD M  
125 WEST ROMANA STREET, SUITE 800  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEL RALLO, STEVEN  
Address: 4 LAGUNA ST, # 201  
City-St-Zip: FORT WALTON BEACH, FL

Title: MGRM ( ) Delete  
Name: SCHWEIZER, W. TODD  
Address: 4 LAGUNA ST, #201  
City-St-Zip: FORT WALTON BEACH, FL

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEL GALLO, STEVEN  
Address: 4 LAGUNA ST, # 201  
City-St-Zip: FORT WALTON BEACH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** STEVEN DEL GALLO

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date