

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

04-29-2005 90034 002 ****50.00

DOCUMENT # L04000065922 1. Entity Name NAJGER INVESTMENTS, LLC					
Principal Place of Business 240 PROVINCIAL DRIVE INDIALANTIC, FL 32903			Mailing Address 240 PROVINCIAL DRIVE INDIALANTIC, FL 32903		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-161-2239	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NAJGER, SHARON T 240 PROVINCIAL DRIVE INDIALANTIC, FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (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	MGRM NAJGER, SHARON T TRUSTEE 240 PROVINCIAL DRIVE INDIALANTIC, FL 32903			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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: <i>Sharon T. Najger</i>				4-27-05 321-777-7743	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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