


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90157 050 ****55.00

DOCUMENT # L04000079794

1. Entity Name
NAVARRE PARK, LLC



Principal Place of Business Mailing Address
114 SUGAR DRIVE **114 SUGAR DRIVE**
SANTA ROSA BEACH FL 32459 **SANTA ROSA BEACH FL 32459**

2. Principal Place of Business 3. Mailing Address
5263 GULFBREEZE PKWY **114 SUGAR DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State City & State
NAVARRE, FL **SANTA ROSA BEACH, FL**
 Zip Country Zip Country
32563 **USA** **32459** **USA**

4. FEI Number Applied For
20-1849693 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE FL 32566

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: May 1, 2005

9. MANAGING MEMBERS / MANAGERS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | KINGSTON, GEORGE R.C. | |
| STREET ADDRESS | #5 ARDMORE SQUARE | |
| CITY-ST-ZIP | ATLANTA GA 30309 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | WELLBORN, JAMES J | |
| STREET ADDRESS | 724 HIGHWAY 98 E, #102 | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | MANAGER | <input type="checkbox"/> Delete |
| NAME | FAYE NIX | |
| STREET ADDRESS | 114 SUGAR DR | |
| CITY-ST-ZIP | SRB, FL 32549 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS / CHANGES

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Faye Nix FAYE NIX 1/25/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (951) 267-7887