



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90032 028 \*\*\*\*55.00

<b>DOCUMENT # L04000091160</b>			
1. Entity Name NAVARRE ORLEANS, LLC			
Principal Place of Business 8768 ORTEGA DR NAVARRE, FL 32566 US		Mailing Address 8768 ORTEGA DR NAVARRE, FL 32566 US	
2. Principal Place of Business 1913 Hwy 87 Suite, Apt. #, etc.		3. Mailing Address 1913 Hwy 87 Suite, Apt. #, etc.	
City & State NAVARRE, FL		City & State NAVARRE, FL	
Zip 32566	Country	Zip 32566	Country
6. Name and Address of Current Registered Agent  LYNCHARD LAW FIRM 7552 NAVARRE PARKWAY SUITE 9 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 _____			
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	MGRM PAHAL-MORGAN, TAMMY 6908 SEA BASS CIRCLE NAVARRE, FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-06 850-936-7771

Date Daytime Phone #