

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000093039**

1. Entity Name  
**NAVARRE MARKET PLACE, LLC**



Principal Place of Business  
**55 LAKE SHORE DRIVE  
SHALIMAR, FL 32579**

Mailing Address  
**55 LAKE SHORE DRIVE  
SHALIMAR, FL 32579**



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2093872**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**GALLOWAY, A.B.  
55 LAKE SHORE DRIVE  
SHALIMAR, FL 32579**

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$338.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GALLOWAY, A.B.  
55 LAKE SHORE DRIVE  
SHALIMAR, FL 32579**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BENAQUIS, ROBERT J  
8216 GULF BLVD., UNIT # H  
NAVARRE, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TEPPER, STEVE  
821 CROSS STREET  
DESTIN, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000776907  
01/09/08-80042-018-138.75

**DO NOT WRITE  
IN THIS SPACE**

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: A.B. Galloway  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-08-08 850-651-1999  
Date Daytime Phone #