

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000006084**

1. Entity Name  
**NAVISTAR PROPERTIES, LLC**



Principal Place of Business  
**1821 CYPRESS POINT RD  
OCALA, FL 34472**

Mailing Address  
**P.O. BOX 832073  
OCALA, FL 34483**

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**37-1502972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**STINE, JAMES R  
1821 CYPRESS POINT RD  
OCALA, FL 34472**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STINE, JAMES R P.O. BOX 832073 OCALA, FL 34483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRELL, TOMMY A P.O. BOX 3034 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000921651  
05/15/08-80015-012 138.75

**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:** *James R. Stine* **JAMES R. STINE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/22/08* **4/22/08 813-504-6659**  
Date Daytime Phone #