2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L05000027724

Entity Name: NAVIGATOR MANAGEMENT GROUP, LLC

Current Principal Place of Business:

14951 WALDEN SPRINGS WAY, STE 502
JACKSONVILLE, FL 32258

New Principal Place of Business:

13820 OLD ST. AUGUSTINE ROAD
SUITE 113 / 185
JACKSONVILLE, FL 32258

Current Mailing Address:

14951 WALDEN SPRINGS WAY, STE 502
JACKSONVILLE, FL 32258

New Mailing Address:

13820 OLD ST. AUGUSTINE ROAD
SUITE 113 / 185
JACKSONVILLE, FL 32258

FEI Number: 75-3185760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELLWIG, PETER M
14951 WALDEN SPRINGS WAY
SUITE 502
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HELLWIG, PETER M
Address: 14951 WALDEN SPRINGS WAY #502
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR ( ) Delete
Name: HELLWIG, BREE E
Address: 14951 WALDEN SPRINGS WAY #502
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER HELLWIG MGR 03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date