

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027724

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NAVIGATOR MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

14951 WALDEN SPRINGS WAY  
UNIT 502  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

14951 WALDEN SPRINGS WAY  
UNIT 502  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**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  
**Name:** HELLWIG, PETER M  
**Address:** 14951 WALDEN SPRINGS WAY #502  
**City-St-Zip:** JACKSONVILLE, FL 32258

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

I hereby 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 M. HELLWIG

MGR

04/30/2012

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