2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Apr 03, 2008 8:00 am Secretary of State DOCUMENT #L05000029345 04-03-2008 90074 047 ***138.75 NAVÁLON DEVELOPMENT, LLC Principal Place of Business Mailing Address 00013434 15647 VILLORESI WAY 15647 VILLORESI WAY NAPLES, FL 34110-2713 NAPLES, FL 34110-2713 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 29101 MARCELLO WAY 29101 MARCELLO WON Suite, Apt. #, etc. Suite, Apt. #, etc. 03102008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number NAPLES NAPLEV FL Not Applicable 26-0111052 Zip Country \$5.00 Additional 5. Certificate of Status Desired 34110 USM Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEACH, PATRICK BEACH, PATRICK H Street Address (P.O. Box Number is Not Acceptable) 15647 VILLORESI WAY NAPLES, FL 34110-2713 29/01 MARCELLO Zio 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. J. BERCH Change TITLE MGRM ☐ Addition ☐ Delete TITLE MGRM NAME BEACH, PATRICK J NAME PATRICK STREET ADDRESS 15647 VILLORESI WAY STREET ADDRESS CITY-ST-ZIP City-ST-ZIP NAPLES, FL 341102713 FL UARLEY ■ Addition MGRM TITLE Change TITLE ☐ Delete NAME BEACH, KATHRYN NAME STREET ADDRESS 15647 VILLORESI WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341102713 CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 true pe empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED