

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029345

FILED
Apr 08, 2009
Secretary of State

Entity Name: NAVALON DEVELOPMENT, LLC

Current Principal Place of Business:

29101 MARCELLO WAY
NAPLES, FL 34110

New Principal Place of Business:

29111 AMARONE COURT
NAPLES, FL 34110

Current Mailing Address:

29101 MARCELLO WAY
NAPLES, FL 34110

New Mailing Address:

29111 AMARONE COURT
NAPLES, FL 34110

FEI Number: 26-0111052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEACH, PATRICK H
29101 MARCELLO WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BEACH, PATRICK H
29111 AMARONE COURT
NAPLES, FL 34110 US

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:

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEACH, PATRICK J
Address: 29101 MARCELLO WAY
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: BEACH, KATHRYN
Address: 15647 VILLORESI WAY
City-St-Zip: NAPLES, FL 341102713

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEACH, PATRICK J
Address: 29111 AMARONE COURT
City-St-Zip: NAPLES, FL 34110

Title: MGRM (X) Change () Addition
Name: BEACH, KATHRYN
Address: 29111 AMARONE COURT
City-St-Zip: NAPLES, FL 34110

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: PATRICK BEACH

MGRN

04/08/2009

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