


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90038 033 \*\*\*\*50.00

<b>DOCUMENT # L05000041768</b>	
1. Entity Name NAVA INVESTMENTS, L.L.C.	

Principal Place of Business 14160 PALMETTO FRONTAGE RD., SUITE 21 MIAMI LAKES, FL 33016	Mailing Address 14160 PALMETTO FRONTAGE RD., SUITE 21 MIAMI LAKES, FL 33016
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40088418



2. Principal Place of Business - No P.O. Box # 11946 S.W. 10 <sup>th</sup> TER Suite, Apt. #, etc.	3. Mailing Address 11946 S.W. 10 <sup>th</sup> TER. Suite, Apt. #, etc.
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03212007 Chg-LLC CR2E083 (12/06)

City & State Miami FL	City & State Miami, FL
Zip 33184	Zip 33184
Country	Country

4. FEI Number APPLIED FOR 20-3390358	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NAVA, MIRNA 14160 PALMETTO FRONTAGE RD., SUITE 21 MIAMI LAKES, FL 33016	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature is required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVA, MIRNA 14160 PALMETTO FRONTAGE RD., SUITE 21 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAVA, MARCO 11946 S.W. 10 <sup>th</sup> TER MIAMI, FL 33184 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

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

4/16/2007

Date

Daytime Phone #