


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 030 \*\*\*\*50.00

<b>DOCUMENT # L05000051430</b>					
<b>1. Entity Name</b> NAVADO'S SUN VALLEY, LLC					
<b>Principal Place of Business</b> ATTN: NAVADO EDWARDS 943 CASCADES PARK TR. DELAND, FL 32720			<b>Mailing Address</b> ATTN: NAVADO EDWARDS 943 CASCADES PARK TR. DELAND, FL 32720		
<b>2. Principal Place of Business</b> 1300 BRAMLEY LN Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1300 BRAMLEY LN Suite, Apt. #, etc.			
City & State Deland FL		City & State Deland FL		<b>4. FEI Number</b> 20-2980294	
Zip 32720		Country VOLUSIA		Applied For Not Applicable	
City & State Deland FL		City & State Deland FL		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDWARDS, NAVADO 943 CASCADES PARK TR. DELAND, FL 32720			<b>7. Name and Address of New Registered Agent</b> Name <u>NAVADO EDWARDS</u> Street Address (P.O. Box Number is Not Acceptable) 1300 BRAMLEY LN City <u>Deland</u> <u>FL</u> Zip Code <u>32720</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWARDS, NAVADO 943 CASCADES PARK TR. DELAND, FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 BRAMLEY LN DELAND FL 32720	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Navado Edwards</u>			Date <u>8-14-06</u> Daytime Phone # <u>407 383 9678</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					