


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90028 001 \*\*\*\*50.00

<b>DOCUMENT # L05000096229</b>	
1. Entity Name NAVICON INTERNATIONAL, LLC	

Principal Place of Business 9100 S DADELAND BLVD SUITE 415 MIAMI, FL 33156	Mailing Address 9100 S DADELAND BLVD SUITE 415 MIAMI, FL 33156
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**60042100**

2. Principal Place of Business - No P.O. Box # 1150 NW 72 AVE	3. Mailing Address 1150 NW 72 AVE
Suite, Apt. #, etc. SUITE 520	Suite, Apt. #, etc. SUITE 520
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country USA

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3626629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  GONZALEZ, ROY 9100 S DADELAND BLVD SUITE 415 MIAMI, FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 required when reinstating) 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 ZANZOTTERA, CARLOS 1150 NW 72ND AVE SUITE 510 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZANZOTTERA, GUSTAVO 1150 NW 72ND AVE SUITE 510 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GONZALEZ, ROY 1150 NW 72ND AVE SUITE 510 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 520
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

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:**  **GUSTAVO ZANZOTTERA MANAGER 4/24/07**

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

Date

Daytime Phone #