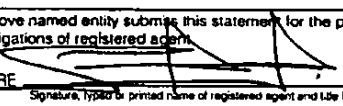


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096959 1. Entity Name NAVASAL INVESTMENTS, LLC						FILED 06 APR 20 AM 7:28 CLERK OF STATE TALLAHASSEE, FLORIDA 01-20-06 90052 039 \$50.00 	
Principal Place of Business 1061 LAVENDER CIR WESTON, FL 33327-2438 US				Mailing Address 2800 GLADES CIR STE 121 WESTON, FL 33327-227 US			
2. Principal Place of Business		3. Mailing Address 1061 Lavender Circle		04112006 Chg-LLC CR2E083 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 2035 90260			
City & State		City & State Weston FL.		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
Zip 33327		Country U.S.A.		6. Name and Address of Current Registered Agent SERVICIOS CONSULARES, LLC 2800 GLADES CIR STE 121 WESTON, FL 33327-2278			
7. Name and Address of New Registered Agent Name Salo Eger		Street Address (P.O. Box Number is Not Acceptable) 1061 Lavender Circle					
City Weston		State FL					
Zip Code 33327		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 		Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE 04/11/06			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE MGRM				TITLE ☐ Change ☐ Addition			
NAME EGER, SALO				NAME ☐ Change ☐ Addition			
STREET ADDRESS 1061 LAVENDER CIR				STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP WESTON, FL 333272438				CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE MGRM				TITLE ☐ Change ☐ Addition			
NAME GORIN DE EGER, NAVA				NAME ☐ Change ☐ Addition			
STREET ADDRESS 1061 LAVENDER CIR				STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP WESTON, FL 333272438				CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME ☐ Delete				NAME ☐ Change ☐ Addition			
STREET ADDRESS ☐ Delete				STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP ☐ Delete				CITY-ST-ZIP ☐ Change ☐ Addition			
TITLE ☐ Delete				TITLE ☐ Change ☐ Addition			
NAME ☐ Delete				NAME ☐ Change ☐ Addition			
STREET ADDRESS ☐ Delete				STREET ADDRESS ☐ Change ☐ Addition			
CITY-ST-ZIP ☐ Delete				CITY-ST-ZIP ☐ Change ☐ 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 				Date 04/11/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Salo Eger				Daytime Phone # (954) 385-0482			