2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093370

MEDINA, ANÀ MARIA

4145 PERRINE STREET

CHARLESTON, SC 29414 US

Name:

Address:

City-St-Zip:

Entity Name: NAV INVESTMENT GROUP, L.L.C.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1625 N. C SUITE NO	OMMERCE PARKWAY). 320			
WESTON	, FL 33326 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	OMMERCE PARKWAY			
SUITE NO WESTON	, FL 33326 US			
FEI Number	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agen	t: Name and Address o	f New Registered Agent:	
1200 BRIC SUITE NO	O, JOSE C ESQ CKELL AVENUE D. 505 33131 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registered	d office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	d Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete MEDINA, ARMANDO 4145 PERRINE STREET CHARLESTON, SC 29414 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete GARCIA DE MEDINA, ALBA LUCIA 4145 PERRINE STREET CHARLESTON, SC 29414 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MEDINA, LORENA 4145 PERRINE STREET CHARLESTON, SC 29414 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGRM () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ARMANDO MEDINA MGRM 01/22/2009