

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005973

**FILED**  
**Mar 21, 2004**  
**Secretary of State**

**Entity Name:** NAVIGATOR FINANCIAL SERVICES, L.L.C.

**Current Principal Place of Business:**

129 WODEN WAY SE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

4179 SE OLD SAINT LUCIE BLVD  
STUART, FL 349965124 US

**Current Mailing Address:**

PO BOX 671  
WINTER HAVEN, FL 338820671

**New Mailing Address:**

2336 SE OCEAN BLVD  
PMB # 397  
STUART, FL 349963310 US

**FEI Number:** 59-3614722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORBES, WILLIAM J  
129 WODEN WAY SE  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

FORBES, WILLIAM J  
2336 SE OCEAN BLVD  
PMB # 397  
STUART, FL 349963310 US

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.

SIGNATURE: WILLIAM J FORBES

03/21/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FORBES, WILLIAM JAMES  
Address: 129 WODEN WAY SE  
City-St-Zip: WINTER HAVEN, FL 338804410

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FORBES, WILLIAM JAMES MGRPTR  
Address: 2336 SE OCEAN BLVD PMB # 397  
City-St-Zip: STUART, FL 349963310 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WILLIAM J FORBES

MGR

03/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date