

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007098

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** NAVIGATORS GLOBAL LLC

**Current Principal Place of Business:**

301 SOUTH BRONOUGH STREET, SUITE 650  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

901 7TH STREET, N.W., SUITE 200  
WASHINGTON, DC 20001

**Current Mailing Address:**

901 7TH STREET, N.W.  
SUITE 200  
WASHINGTON, DC 20001

**New Mailing Address:**

901 7TH STREET, N.W., SUITE 200  
WASHINGTON, DC 20001

**FEI Number:** 43-1990991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANDERSON, PHILMORE B  
Address: 901 7TH STREET, N.W., STE. 200  
City-St-Zip: WASHINGTON, DC 20001

Title: MGR  
Name: PITTS, JAMES L  
Address: 901 7TH STREET, N.W., SUITE 200  
City-St-Zip: WASHINGTON, DC 20001

Title: MGR  
Name: CONDA, CESAR V  
Address: 901 7TH STREET, N.W., SUITE 200  
City-St-Zip: WASHINGTON, DC 20001

Title: MGR  
Name: ROBERT AND ASSOCIATES LLC  
Address: 40 W. 57TH STREET, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10019

I hereby 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: PHILMORE B. ANDERSON

MGR

03/18/2010

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