

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90319 009 \*\*\*\*50.00

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DOCUMENT # L06000064518			
1. Entity Name NATURE'S PRESERVE, LLC			
Principal Place of Business 27499 RIVERVIEW CENTER BLVD. SUITE 229 BONITA SPRINGS, FL 34134 US		Mailing Address 27499 RIVERVIEW CENTER BLVD. SUITE 229 BONITA SPRINGS, FL 34134 US	
2. Principal Place of Business - No P.O. Box # 11691 James Whitehead Rd. Suite, Apt. #, etc.		3. Mailing Address 11691 James Whitehead Rd. Suite, Apt. #, etc.	
City & State Myers, Florida		City & State Myers, FL 3	
Zip 33912	Country USA	Zip 33912	Country USA
6. Name and Address of Current Registered Agent KAPLAN, ADAM D 27499 RIVERVIEW CENTER BLVD. SUITE 229 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Kaplan, Adam D. Street Address (P.O. Box Number is Not Acceptable) 11691 James Whitehead Rd. City Myers FL Zip Code 33912	
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 _____		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 KAPLAN, ADAM 27499 RIVERVIEW CTR. BLVD. #229 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11691 James Whitehead Rd. Myers, FL 33912
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
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 606, Florida Statutes.			
SIGNATURE:		Date: 4/23/07 9545513680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	