

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90021 001 ****50.00

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DOCUMENT # L02000007442 1. Entity Name NATURE'S YOUTH, L.L.C.																					
Principal Place of Business 18205 Crowne Brook Circle Franklin, TN 37067		Mailing Address 18205 Crowne Brook Franklin, TN 37067																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1616 Westgate Circle Suite, Apt. #, etc.																			
City & State Zip		City & State Brentwood, TN Zip 37027																			
Country USA		4. FEI Number 01-0594232																			
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																			
6. Name and Address of Current Registered Agent HENDERSON, JR., RANDALL P/ 1404 DEAN STREET, SUITE 100 FT. MYERS, FL 33301		7. Name and Address of New Registered Agent Name Mark Bryn, Esquire Street Address (P.O. Box Number is Not Acceptable) One Biscayne Tower, Suite 2680 2 South Biscayne Blvd City Miami FL Zip Code 33131																			
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 4-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MGRM JONES, JEFF</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>18205 Crown Brook Circle Franklin, TN 37067</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	MGRM JONES, JEFF		CITY- ST- ZIP	18205 Crown Brook Circle Franklin, TN 37067		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP		
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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:		President 4-17-07 515-779-8767																			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																					