

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 A
Secretary of State

DOCUMENT # L00000000941

1. Entity Name
NATURAL BUILDING SYSTEMS DISTRIBUTOR, L.L.C.



Principal Place of Business
**5347 MAIN STREET, SUITE 100
NEW PORT RICHEY, FL 34652**

Mailing Address
**5347 MAIN STREET, SUITE 100
NEW PORT RICHEY, FL 34652**



07102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0987272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GULECAS, JAMES F
1968 BAYSHORE BLVD.
DUNEDIN, FL 34698**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
HAUBER, FREDERICK A
5347 MAIN STREET, SUITE 100
NEW PORT RICHEY, FL 34652**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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000000575276
08/25/06-80003-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/23/06

Date

727-847-4448

Daytime Phone #