2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# L01000017967

Entity Name: NATURAL PHARMS, LLC

Current Principal Place of Business:

7499 SE 85TH TRAIL
TRENTON, FL 32693 US

New Principal Place of Business:

Current Mailing Address:

4811 NW 16TH PLACE
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-3760962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JAMES F
4811 NW 16TH PLACE
GAINESVILLE, FL 32605 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	LEE, HUN JU	
Address:	1604 NW 36TH WAY	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	MGRM	( ) Delete
Name:	MORRISON, JAMES F	
Address:	4811 NW 16TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32605 US	
Title:	MGRM	( ) Delete
Name:	EDWARDS, HUNT	
Address:	4906 NORTH FLAGLER DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33407 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JAMES F MORRISON MGRM 04/30/2002

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