

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022583

FILED  
Jul 27, 2007  
Secretary of State

**Entity Name:** NATURAL HEALTH RESOURCES, L.L.C.

**Current Principal Place of Business:**

P.O. BOX 19109  
SARASOTA, FL 34276

**New Principal Place of Business:**

443 MEADOW LARK DRIVE  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 19109  
SARASOTA, FL 34276

**New Mailing Address:**

FEI Number: 01-0567644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SMITH, TODD  
3940 RED ROCK WAY  
SARASOTA, FL 34231      US

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

SMITH, TODD  
P. O. BOX 19109  
SARASOTA, FL 34276      US

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: \_\_\_\_\_

07/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SMITH, TODD  
Address: 3960 RED ROCK WAY  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: SMITH, TODD  
Address: P. O. BOX 19109  
City-St-Zip: SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TODD SMITH

MGR

07/27/2007

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