2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003
Secretary of State

DOCUMENT# L02000001970

Entity Name: NATURAL AREAS MANAGEMENT, LLC

Current Principal Place of Business:

118 WEST ORANGE ST.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

4730 SPRING CREEK DRIVE
BONITA SPRINGS, FL 34134

Current Mailing Address:

118 WEST ORANGE ST.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P. O. BOX 366115
BONITA SPRINGS, FL 34134

FEI Number: 01-0588328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGR ( ) Delete
Name: HIERS, EMMA
Address: 118 WEST ORANGE ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR ( ) Delete
Name: HIERS, JAMES L III
Address: 118 WEST ORANGE ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HIERS, EMMA
Address: P. O. BOX 366115
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR (X) Change ( ) Addition
Name: HIERS, JAMES L III
Address: P. O. BOX 366115
City-St-Zip: BONITA SPRINGS, FL 34134

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: EMMA HIERS MGR 04/22/2003

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