



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000012374</b> 1. Entity Name <b>NALE RES,LLC.</b>	
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Principal Place of Business <b>3641 WEST KENNEDY BLVD. STE.A TAMPA, FL 33609</b>	Mailing Address <b>3641 WEST KENNEDY BLVD. STE.A TAMPA, FL 33609</b>
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**DO NOT WRITE IN THIS SPACE**



03032008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>90-0074351</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, LESLIE J  
BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD. SUITE 700  
TAMPA, FL 33606**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

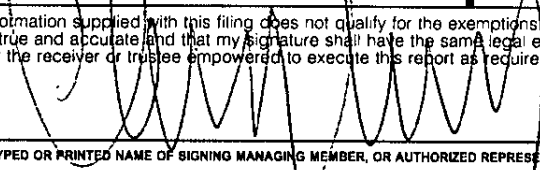
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NALE DEVELOPMENTS FLORIDA, INC 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609</b>
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04/11/08-80004-003 138.75

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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:**  **3/26/08** **(813) 353-2220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #