2005 LIMITED LIABILITY COMPANY

Feb 09, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L02000017869** 02-09-2005 90154 023 ****50.00 1. Entity Name ALL NATURE, LLC Principal Place of Business Mailing Address 18551 NW 72 Street 8951 XW 72 Street MIami # 3316 p miati, the 33166 01262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2284390 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE QUINTA, MARIO 5255 NW 165 ST MIAMI, FL 33014 IN THIS SPACE 8. The above named entity submits this stetement 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 registers Filing Fee Is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE VAZQUEZ, ALEJANDRO NAME STREET ADDRESS 5255 NW 165 ST CITY-ST-7IP MIAMI, FL 33014 MGRM TITLE NAME QUINTA, MARIO, STREET ADDRESS 5255 NW 165 ST MIAMI, FL 33014 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify 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 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 pustee employment to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

Daytime Phone #