

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031917

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** NATIVE SON MARKETING LLC

**Current Principal Place of Business:**

PO BOX 297345  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 297345  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 02-0656858      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:**

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

CARTER, TERRY  
17654 SW 12TH ST  
PEMBROKE PINES, FL 33029      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARTER, JOHN  
Address: 17654 SW 12TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM      ( ) Delete  
Name: CARTER, TERRY  
Address: 17654 SW 12TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

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 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: JOHN CARTER

MEMB

07/24/2006

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