

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003327

FILED
Apr 28, 2007
Secretary of State

Entity Name: LATITUDES N.E. FLORIDA LTD. CO.

Current Principal Place of Business:

4720 AVENUE B
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4034
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 20-0592283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANSE VAN RENSBURG, COENRAAD J
11 AVILES STREET
APT. 3C
SAINT AUGUSTINE, FL 32084 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/MANAGERS:

Title: MGRM () Delete
Name: JANSE VAN RENSBURG, COENRAAD J
Address: 11 AVILES STREET, APT. 3C
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: HOLIDAY, ELIZABETH M
Address: 11 AVILES STREET, APT 3C
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JANSE VAN RENSBURG, COENRAAD J
Address: 310 NORTH 3RD STREET
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM (X) Change () Addition
Name: HOLIDAY, ELIZABETH M
Address: 310 NORTH 3RD STREET
City-St-Zip: PALATKA, FL 32177 US

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: JANSE VAN RENSBURG, COENRAAD J MGRM 04/28/2007

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