


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90178 029 \*\*\*\*55.00

DOCUMENT # L04000030294			
1. Entity Name NATKIN PROPERTIES, LLC			
Principal Place of Business 11 NEEDLES DRIVE OCALA, FL 34482		Mailing Address 11 NEEDLES DRIVE OCALA, FL 34482	
2. Principal Place of Business 11 NEEDLES DRIVE Suite, Apt. #, etc.		3. Mailing Address 11 NEEDLES DRIVE Suite, Apt. #, etc.	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA	
Zip 34482	Country MARION	Zip 34482	Country MARION
4. FEI Number 20-1028360		Applied For Not Applicable	
5. Certificate of Status Desired # \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NATKIN, RUSSELL A 11 NEEDLES DRIVE OCALA, FL 34482		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Russell A. Natkin</i> (NOTE: Registered Agent signature required when re-registering.) DATE: 1/10/05			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATKIN, RUSSELL A 11 NEEDLES DRIVE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YEAZEL, CYNTHIA 11 NEEDLES DRIVE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Russell A. Natkin</i>		RUSSELL A. NATKIN, Pres. 1/10/05 (352) 291-4944	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	