


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000030294 1. Entity Name NATKIN PROPERTIES, LLC	
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Principal Place of Business 11 NEEDLES DRIVE OCALA FL 34482	Mailing Address 11 NEEDLES DRIVE OCALA FL 34482
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

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	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> MGRM NATKIN, RUSSELL A 11 NEEDLES DRIVE OCALA FL 34482 </td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGRM NATKIN, RUSSELL A 11 NEEDLES DRIVE OCALA FL 34482	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> <p style="text-align: center; margin-top: 10px;"> U00000621467 02/12/07-80018-005 50.00 </p>		<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 exemptions contained in Section 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: Russell A. Natkin RUSSELL A. NATKIN 2/1/07 (352) 291-4944

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