## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # L04000031589 04-29-2005 90065 041 \*\*\*\*50.00 1. Entity Name NATALIE 360, LLC Principal Place of Business Mailing Address 14011010 EUGENE J. HOWARD, ESQ. EUGENE J. HOWARD, ESQ. 1111 LINCOLN RD, STE 400 1111 LINCOLN RD, STE 400 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWARD, EUGENE J ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD, STE 400 MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change X Addition Juergen Eisermann NAME NAME STREET ADDRESS 251 Khallwood Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key Biscayne FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

Ullergen

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

Daytime Phone #