2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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2007 SEP 20 PM 2:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

07302007 Chg-LLC CR2E083 (12/06)

1. Entity Name
NATURE COAST CATERING, LLC

Principal Place of Business	Mailing Address
1191 HOWELL AVENUE BROOKSVILLE, FL 34601 US	1191 HOWELL AVENUE BROOKSVILLE, FL 34601 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1171 Howell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Brooksville FL
Zip / Country	Zip: 34601 / Country

4. FEI Number: 20-1084140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, KELLIE J 1191 HOWELL AVE BROOKSVILLE, FL 34601	Name: Edwards, Douglas W Street Address (P.O. Box Number is Not Acceptable): 1171 Howell Ave City: Brooksville FL Zip Code: 34601

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 [signature] 8/1/07 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, KELLIE J 1191 HOWELL AVENUE BROOKSVILLE, FL 34601 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edwards, Douglas W 1171 Howell Avenue Brooksville, FL 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300109888943 09/25/07--01027--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 8/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #