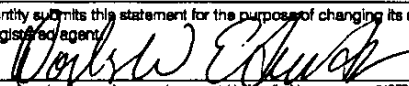


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000032794			
1. Entity Name NATURE COAST CATERING, LLC			
Principal Place of Business 1191 HOWELL AVENUE BROOKSVILLE, FL 34601 US		Mailing Address 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	Country
34601		34601	
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 		DATE 8/1/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
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	300109888943 09/25/07--01027--002 **50.00 ☐ 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
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 606, Florida Statutes.			
SIGNATURE: 		DATE 8/1/07	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	

2007 SEP 20 PM 2:20

SEAL OF THE STATE OF FLORIDA



07302007 Chg-LLC CR2E083 (12/06)