2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

AITIUAR ILLI VILI					Secretary of State			
DOCUMENT # L05000000432				<u>,</u>		0136 013 ***13		
1. Entity Name NATURE COAST LIMITED LIABILITY COMPANY				02-23-2008 90	0136 013 ****13	58./5		
Dringing Dig	an of Rusiana	A-III Address						
Principal Place of Business 500 NW 43RD STREET GAINESVILLE, FL 32607		Mailing Address 500 NW 43RD STREET GAINESVILLE, FL 32607			ANATATA			
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4110-DNW37#P1						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132008	Chg-LLC	CR2E083 (12/06)		
City & State		Soinesville FL		4. FEI Number	4. FEI Number Applied For 20-3739685 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of		□ \$5.00 Ad	ditional	
	6. Name and Address of Curren	32606	<u> 43 </u>	7 Name and A	ddress of New Peci	Fee Require	ea ·	
			Name	7. Name and Address of New Registered Agent Name				
HUDSON, JOHN 2841 N.W. 41ST STREET			Street Address (F		P.O. Box Number is Not Acceptable)			
GAINESV	ILLE, FL 32606	· · ·				7		
			City	***	<u></u>	FL Zip Coo	le	
	named entity submits this statement	for the purpose of changing its re	egistered office or regi	stered agent, or both,	in the State of Florid		and accept	
	tions of registered agent.							
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)		DATE		
	Signature, typed or printed name of registered ages E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		Registered Agent signature req	uired when reinstating)		DATE check payable to epartment of Stat		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEME	75	Registered Agent signature req	ulred when reinstating)		check payable to epartment of Stat	6	
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11. I hereby certify that the information supplied with this filling 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:

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

2/21/08 352-490-0900