2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90079 039 ***138.75

DOCUMENT # L05000033297

1. Entity Name
NATURAL FLORIDA REAL ESTATE, L.L.C.

Principal Place of Business	Mailing Address
32 OUR ROAD INGLIS, FL 34449 US	P. O. BOX 32 INGLIS, FL 34449 US

600003536

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2698464 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREGORY V. BEAUCHAMP, P.A.
107 EAST PARK AVENUE
CHIEFLAND, FL 32626

7. Name and Address of New Registered Agent

Name Lloyd J. Goodnow

Street Address (P.O. Box Number is Not Acceptable)

14350 N.E. 50th STREET

City Morriston FL Zip Code 32668

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] 1/9/08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated. Date

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM SULLIVAN, EMORY F 32 OUR ROAD INGLIS, FL 34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM GOODNOW, LLOYD J 14350 N.E. 50TH ST MORRISTON, FL 32668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM DELGROSSO, JAMES J 20821 GLADWYNE COURT ASHBURN, VA 20147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM MCLEAN, SCOTT 316 TITUSVILLE ROAD POUGHKEEPSIE, NY 12603	☐ 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] 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #