

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033297

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

32 OUR ROAD
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 32
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 20-2698464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODNOW, LLOYD J
14350 NE 50TH ST
MORRISTON, FL 32668 US

Name and Address of New Registered Agent:

SULLIVAN, EMORY F
32 OUR ROAD
INGLIS, FL 34449 US

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.

SIGNATURE: EMORY F SULLIVAN

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SULLIVAN, EMORY F
Address: 32 OUR ROAD
City-St-Zip: INGLIS, FL 34449 US

Title: MGRM () Delete
Name: GOODNOW, LLOYD J
Address: 14350 N.E. 50TH ST
City-St-Zip: MORRISTON, FL 32668 US

Title: MGRM () Delete
Name: DELGROSSO, JAMES J
Address: 20821 GLADWYNE COURT
City-St-Zip: ASHBURN, VA 20147 US

Title: MGRM () Delete
Name: MCLEAN, SCOTT
Address: 316 TITUSVILLE ROAD
City-St-Zip: POUGHKEEPSIE, NY 12603 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EMORY F SULLIVAN

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date