


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 13, 2006 8:00 am**  
**Secretary of State**

09-13-2006 90046 036 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L05000046883</b><br>1. Entity Name<br><b>NATIVE SUN, LLC</b>   |   |  |  |    |  |
| Principal Place of Business<br><b>1652 E. SPING RIDGE CIR<br/>WINTER GARDEN FL., 34787</b>   |   |  | Mailing Address<br><b>1652 E. SPING RIDGE CIR<br/>WINTER GARDEN FL., 34787</b> |   |  |
| 2. Principal Place of Business<br><i>N/A Same as above</i>   |   | 3. Mailing Address<br><i>N/A Same as above</i> |  |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>                        |  |   |  |
| City & State<br>   |   | City & State<br>                               |  | 4. FEI Number<br><b>76-0793097</b>  |  |
| Zip<br>  |   | Country<br>                                    |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SULLIVAN, RICHARD D<br/>1652 E. SPING RIDGE CIR.<br/>WINTER GARDEN FL., FL 34787</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br><i>N/A</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE <i>N/A</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE   |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 15, 2006</b>   |   |  | <b>Make check payable to<br/>Florida Department of State</b>                   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <i>President<br/>Richard D Sullivan<br/>1652 E Spingridge Cir.<br/>Winter Garden FL 34787</i> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Richard D Sullivan</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  | Date <b>9/4/06</b> Time <b>772 321 5546</b><br><small>Daytime Phone #</small>  |   |  |