

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052953

Entity Name: A NATURAL IMAGE, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

692 W. MONTROSE ST STE C
CLERMONT, FL 34711

New Principal Place of Business:

692 W. MONTROSE ST
STE C
CLERMONT, FL 34711

Current Mailing Address:

692 W. MONTROSE ST STE C
CLERMONT, FL 34711

New Mailing Address:

692 W. MONTROSE ST
STE C
CLERMONT, FL 34711

FEI Number: 20-2911679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
STE. E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACOBS, ANGELS M
Address: 1309 WINDY BLUFF DR.
City-St-Zip: CLERMONT, FL 34711

Title: MGR (X) Delete
Name: HAUER, CONNIE F
Address: 14102 GREATER PINES BLVD.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JACOBS, ANGELA M
Address: 1309 WINDY BLUFF DR.
City-St-Zip: MINNEOLA, FL 34715

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA M JACOBS

MGR

05/03/2006

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