

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060546

FILED
Mar 30, 2007
Secretary of State

Entity Name: NATURE COAST DEVELOPMENT LLC

Current Principal Place of Business:

15120 COUNTY LINE RD.
SUITE 100
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

15120 COUNTY LINE RD.
SUITE 100
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIG, WILLIAM T III
15120 COUNTY LINE RD.
SUITE 100
SPRING HILL, FL 34610 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: MGRM () Delete
Name: KOENIG, WILLIAM T III
Address: 1136 FINLAND DR.
City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete
Name: SEIDEN, KATHLEEN E
Address: 4 LOOKOVER DRIVE
City-St-Zip: HEWITT, NJ 07421

Title: MGRM () Delete
Name: DOYLE, TIMOTHY
Address: 119 CABOT AVENUE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: DOYLE, TIMOTHY
Address: 2324 GRANDFATHER MTN.
City-St-Zip: SPRING HILL, FL 34606

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: WILLIAM T. KOENIG III

MGR

03/30/2007

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