

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000084178

FILED
Dec 11, 2007
Secretary of State**Entity Name:** NATIV GROUP LLC**Current Principal Place of Business:**1919 VAN BUREN ST
419
HOLLYWOOD, FL 33020 US**New Principal Place of Business:**4886 OAKLAWN DR
CINCINNATI, OH 45227 US**Current Mailing Address:**1919 VAN BUREN ST
419
HOLLYWOOD, FL 33020 US**New Mailing Address:**4886 OAKLAWN DR
CINCINNATI, OH 45227 US**FEI Number:** 20-3375157**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DERHY FINANCIAL SERVICES LLC
99 N.W. 183RD ST
112
MIAMI, FL 33169 US**Name and Address of New Registered Agent:**DERHY FINANCIAL SERVICES LLC
99 N.W. 183RD ST
138
MIAMI, FL 33169 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: DERHY DVIR

12/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: COHEN, GUY Z
Address: 1919 VAN BUREN ST # 419
City-St-Zip: HOLLYWOOD, FL 33020 US**Title:** MGRM () Delete
Name: TOBOUL, SEGEV
Address: 151 NE 16TH AVE # 160
City-St-Zip: FORT LAUDERDALE, FL 33301 US**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: ALKOLOMBIRA, SAHAR
Address: 77 DOLEV ST
City-St-Zip: MOSHAV GALYA, IS 76885 IS

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: COHEN GUY

MGRM

12/11/2007

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