


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000106837**

1. Entity Name  
**BLU NATURA LLC**



Principal Place of Business <b>1915 TRADE CENTER WAY          NAPLES, FL 34109</b>	Mailing Address <b>1915 TRADE CENTER WAY          NAPLES, FL 34109</b>
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**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3730184</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASP, INC.  
 3001 TAMIAMI TRAIL NORTH  
 SUITE 400  
 NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *Allan J. Laufer* *Allan J. Laufer* *2-1-07*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUFER, ALLAN J 1915 TRADE CENTER WAY NAPLES, FL 34109
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 02/13/07-80042-025 50.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: *Allan J. Laufer* *Allan J. Laufer* *2-1-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #