

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111012

Entity Name: NATURA PARTNERS, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

550 FAIRWAY DRIVE
SUITE 104
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

550 FAIRWAY DRIVE
SUITE 104
DEERFIELD BEACH, FL 33441 US

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:

ANGELO, BARRY & BANTA, P.A.
515 E. LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ROBERT G. MAYER,
Address: 550 FAIRWAY DR., #104
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR () Change (X) Addition
Name: THOMAS J. WENTZEL,
Address: 550 FAIRWAY DR., #104
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR () Change (X) Addition
Name: GREGORY P. STEELE,
Address: 550 FAIRWAY DR., #104
City-St-Zip: DEERFIELD BEACH, FL 33441

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: ROBERT G. MAYER

MGR

01/05/2006

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