
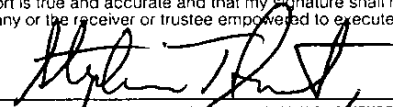


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90344 026 \*\*\*\*50.00

DOCUMENT # L05000118984					
1. Entity Name NATIVE SON HOLDINGS, LLC.					
Principal Place of Business 2020 OLD DIXIE HIGHWAY, SUITE 4 VERO BEACH, FL 32962			Mailing Address 2020 OLD DIXIE HIGHWAY, SUITE 4 VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box # <b>1701 Highway A1A</b>		3. Mailing Address <b>1701 Highway A1A</b>			
Suite, Apt. #, etc. <b>Suite 309</b>		Suite, Apt. #, etc. <b>Suite 309</b>			
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>			
Zip <b>32963</b>		Country <b>USA</b>		Zip <b>32963</b>	
		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  KIRK, WILLIAM N ESQUIRE 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"><span>FL</span><span>Zip Code</span></div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, STEPHEN T 2020 OLD DIXIE HWY STE 4 VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Smith, Stephen T. 1701 Highway A1A, suite 309 Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRISSOM, W. CLINT 2020 OLD DIXIE HWY STE 4 VERO BEACH, FL 32962 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Grissom, W. Clint 1701 Highway A1A, suite 309 Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Managing Member			Date: 1/30/07 Daytime Phone #: 772-234-1770		

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01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4145412

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required