

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018009

Entity Name: EAU NATURALE, LLC

FILED  
Apr 14, 2007  
Secretary of State

**Current Principal Place of Business:**

500 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

500 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, ROMAIN C JR.  
500 BUNKERS COVE ROAD  
PANAMA CITY, FL 32401 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: MGR ( ) Delete  
Name: NICHOLS, ROMAIN C JR.  
Address: 500 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete  
Name: NICHOLS, CHRISTINE C  
Address: 500 BUNKERS COVE ROAD  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

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

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

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: ROMAIN C NICHOLS JR MD

MGRM

04/14/2007

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