


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90046 005 \*\*\*\*55.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # L06000028953</b>  |  |   |   |                                  |  |
| <b>1. Entity Name</b><br>NATHANAEL, GABRIEL, ZION, LLC  |  |   |   |   |  |
| <b>Principal Place of Business</b><br>215 OSBORNE AVENUE<br>MORRISVILLE, PA 19067   |  |   | <b>Mailing Address</b><br>215 OSBORNE AVENUE<br>MORRISVILLE, PA 19067 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>71 Harmony Road  |  | <b>3. Mailing Address</b><br>P.O. Box 904   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| <b>City &amp; State</b><br>Levittown, PA  |  | <b>City &amp; State</b><br>Langhorne, PA  |   | <b>4. FEI Number</b><br>20-4529980  |  |
| <b>Zip</b><br>19056   |  | <b>Country</b><br>U.S.A.  |   | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CABRERA, SAMIR<br>8801 COLLEGE PARKWAY<br>SUITE 1<br>FORT MYERS, FL 33919   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |   |  |
| <b>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.</b>  |  |   |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when rechartering)  |  |   |   |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  | <b>Make check payable to Florida Department of State</b>  |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <b>MGRM</b><br><b>MERVIN, WILLIAM J</b><br><b>215 OSBORNE AVENUE</b><br><b>MORRISVILLE, PA 19067</b> | <input type="checkbox"/> Delete   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |   |  |
| <b>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.</b> |  |   |   |   |  |
| <b>SIGNATURE:</b> <i>William J Mervin</i>   |  |   |   | 4-28-07 215-416-7796  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |   |   | Date  |  |