


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90353 003 \*\*\*\*55.00

<b>DOCUMENT # L06000038169</b> 1. Entity Name <b>NATURAL USER INTERFACE LLC</b>					
Principal Place of Business <b>2295 S. HIAWASSEE RD., SUITE 207 ORLANDO, FL 32835</b>			Mailing Address <b>2295 S. HIAWASSEE RD., SUITE 207 ORLANDO, FL 32835</b>		
2. Principal Place of Business - No P.O. Box # <b>16877 E. Colonial Dr.</b>		3. Mailing Address <b>16877 E. Colonial Dr.</b>			
Suite, Apt. #, etc. <b>Suite 124</b>		Suite, Apt. #, etc. <b>Suite 124</b>			
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>			
Zip <b>32820</b>		Country <b>USA</b>		Zip <b>32820</b>	
Country <b>USA</b>		4. FEI Number <b>562574720</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, BLAYNE S 2295 S. HIAWASSEE RD., SUITE 207 ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent Name <b>Christopher A. Feeney</b> Street Address (P.O. Box Number is Not Acceptable) <b>16877 E. Colonial Dr. Suite 124</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32820</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. SIGNATURE <b>Christopher A. Feeney</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>3/19/07</b>					
<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	<b>MGRM DAVIS, BLAYNE S 2295 S. HIAWASSEE RD., SUITE 207 ORLANDO, FL 32835</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Feeney, Christopher A. 16877 E. Colonial Dr. Suite 124 Orlando FL 32820</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOORE, CHRISTIAN 2295 S. HIAWASSEE RD., SUITE 207 ORLANDO, FL 32835</b>	<input checked="" 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	
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: <b>Christopher A. Feeney</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>3/19/07</b>		Daytime Phone # <b>703-637-9212</b>