

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055424

Entity Name: NATALIE, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

775 HIGH PINES DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

775 HIGH PINES DRIVE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-5070013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARC L. SHAPIRO, P.A.
720 GOODLETTE ROAD N.
SUITE 304
NAPLES, FL 34102 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: SHAPIRO, MARC L
Address: 775 HIGH PINES DRIVE
City-St-Zip: NAPLES, FL 34103

Title: MBR () Delete
Name: SHAPIRO, HOLLY A
Address: 775 HIGH PINES DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ALPHA BETA TRUST,
Address: 775 HIGH PINES DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify 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: MARC L. SHAPIRO

MGR

04/26/2007

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