2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055424

Entity Name: NATALIE, LLC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

775 HIGH PINES DRIVE 720 GOODLETTE ROAD N NAPLES, FL 34103

SUITE 304

NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

775 HIGH PINES DRIVE 2614 TAMIAMI TRAIL N NAPLES, FL 34103 PMB 617

NAPLES, FL 34103 US

FEI Number: 20-5070013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARC L. SHAPIRO, P.A. 720 GOODLETTE ROAD N. SUITE 304 NAPLES, FL 34102 US

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:

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete SHAPIRO, MARC L NATURAL WOODLAND TRU, ST Name: Name: Address: 775 HIGH PINES DRIVE Address: 720 GOODLETTE ROAD N, SUITE 304

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34102 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: ALPHA BETA TRUST, Name: PACIFIC ISLAND TRUST,

Address: 775 HIGH PINES DRIVE Address: 720 GOODLETTE ROAD N. SUITE 304

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34102 US

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 04/29/2008