

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083949

FILED
Feb 05, 2007
Secretary of State

Entity Name: NATURAL HABITAT CABINS AND COTTAGES LLC

Current Principal Place of Business:

35344 SARAH LYNN DR APT 104
DADE CITY, FL 33325

New Principal Place of Business:

21420 A.D. MAY RD.
DADE CITY, FL 33323

Current Mailing Address:

35344 SARAH LYNN DR APT 104
DADE CITY, FL 33325

New Mailing Address:

21420 A.D. MAY RD.
DADE CITY, FL 33323

FEI Number: 20-5461443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELT, LEON
35344 SARAH LYNN DR APT 104
DADE CITY, FL 33325 US

Name and Address of New Registered Agent:

ELT, LEON
21420 A.D. MAY RD.
DADE CITY, FL 33323 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: LEON ELT

02/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELT, LEONID
Address: 35344 SARAH LYNN DR APT 104
City-St-Zip: DADE CITY, FL 33325

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELT, LEON
Address: 21420 A.D. MAY RD.
City-St-Zip: DADE CITY, FL 33323

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: LEON ELT

MGRM

02/05/2007

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