

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107883

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: NATURE INVESTMENTS, LLC

**Current Principal Place of Business:**

9747 SCENIC HIGHWAY  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

9747 SCENIC HIGHWAY  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 06-1804854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRUCE, STANLEY D  
9747 SCENIC HIGHWAY  
PENSACOLA, FL 32514 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: MGRM ( ) Delete  
Name: MERCER, JOSEPH E  
Address: 7050 PENSACOLA BLVD  
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM ( ) Delete  
Name: BRUCE, STANLEY D  
Address: 9747 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete  
Name: BRUCE, MARY B  
Address: 9747 SCENIC HIGHWAY  
City-St-Zip: PENSACOLA, FL 32514

Title: MGRM ( ) Delete  
Name: FREEMAN, PAUL  
Address: 203 DOWNSHILL CIRCLE  
City-St-Zip: NICEVILLE, FL 32538

Title: MGRM ( ) Delete  
Name: FREEMAN, JOAN  
Address: 203 DOWNSHILL CIRCLE  
City-St-Zip: NICEVILLE, FL 32538

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MERCER, JOSEPH E  
Address: 830 W. MICHIGAN AVE.  
City-St-Zip: PENSACOLA, FL 32505

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

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

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

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

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: STANLEY BRUCE

MEMB

02/13/2009

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