2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L07000042557

Entity Name: NATURE COAST CONNECTIONS LLC

Current Principal Place of Business:

5297 S. CHEROKEE WAY
SUITE 101
HOMOSASSA, FL 34448

New Principal Place of Business:

10575 W. YULEE DR.
HOMOSASSA, FL 34448

Current Mailing Address:

5297 S. CHEROKEE WAY
SUITE 101
HOMOSASSA, FL 34448

New Mailing Address:

10575 W. YULEE DR.
HOMOSASSA, FL 34448

FEI Number: 56-2655390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAND, RALPH L
5297 S. CHEROKEE WAY
SUITE 101
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

RAND, RALPH L
10575 W. YULEE DR.
HOMOSASSA, FL 34448 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: _____ 04/08/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RAND, RALPH L
Address: 5297 S. CHEROKEE WAY SUITE 101
City-St-Zip: HOMOSASSA, FL 34448

Title: MGR ( ) Delete
Name: RAINFORD, JACK W
Address: 9682 W. RIVER COVE PLACE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RAND, RALPH L
Address: 10575 W. YULEE DR.
City-St-Zip: HOMOSASSA, FL 34448

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: RALPH L. RAND, IV MGR 04/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date