## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 15, 2008 8:00 am Secretary of State

THE DOWN!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  ITLE  MARM  ORECCH, RICHARD T  6856 SW WOODBINE WAY PALM CITY, FL 34990  ITILE  NAME STREET ADDRESS  CITY-ST-2IP  ITILE NAME STREET ADDRES	DOCUMENT # L0700049024  1. Entity Name NATIVE BORN PROPERTIES, LLC						<b>,</b>	02-15-2008 9	0056 02	7 ***143	.75	
Suffer, Apt. #, etc.    Suffer, Apt. #, etc.   City & State   City & State   A. FEI Number   A	6856 SW WO	ODBINE WA	Υ	6856 SW WOODBINE WAY								
City & State  City & State  City & State  City & State  Country  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Name Registered Agent  7. Name and Address of Name Registered Agent  FIX. M. LANNING  3473 SE WILLOUGHBY BOULEVARD  STUART, FL 34994  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL Zip Code  City	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired Version Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  Stored Address (P.O. Box Number is Not Acceptable)  Stored Address (P.O. Box Number is Not Acceptable)  Deferming the Address of Name Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable)  Stored Address (P.O. Box Number is Not Acceptable)  Deferming the Address of Name Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  Name Registered Agent 7. Name and Address of Name Registered Agent Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acceptable)  Name Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable)  The Address (P.O. Box Number is Not Acce	Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172008	Chg-LLC	CR2E0	33 (12/06)		
File Required  Fee Required  Fox, M. LANNING 3473 SE WILLOUGHBY BOULEVARD STUART, FL. 34994  Sired Address (P.O. Box Number is Not Acceptable)  City  FL. Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamikar with, and acceptable or or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida. I am tamikar with, and acceptable or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both, in the State of Florida Department of State or objectored agent, or both	City & State			City & State			4. FEI Numb	20-89°	9677	5 Ap		
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STUART, FL 34994  STUART, FL 34994  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and acceptable into obligations of registered agent.  SIGNATURE    STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$538.75     STEELE NOW!!! FEE IS \$138,75   After May 1, 2008 Fee will be \$100.75     STEELE NOW!! STEELE NOW!! After May 1, 2008 Fee will be \$100.75     STEELE NOW!! STEELE NOW!! After May 1, 2008 Fee will be \$100.75     STEELE NOW!! STEELE NOW!! After May 1, 2008 Fee will be \$100.75     STEELE NOW!! STEELE NOW!! After May 1, 2008 Fee will be \$100.75     STEELE NOW!! STEELE NOW!! After May 1, 2008 Fee will be \$		6. Name	and Address of Current R	legistered Agent	No.	7. Name and	d Address of New Re	egistered A	gent			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to produce to design the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to produce the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to produce the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to produce the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and acceptable to produce the purpose of change in the State of Forida popular the purpose of change in the State of Forida popular the purpose of change in the State of Forida popular the state of Forida popular the purpose of change in the State of Forida popular the purpose of change in the State of Forida popular the state of Forida popular the state of Forida popular the purpose of Change in Additional Popular the State of Forida popular the sta	FOX M L	ANNING		Name								
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamitiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75   MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE NAME CREECH, RICHARD T STRET ADDRESS CITY-ST-2P  MARK STRET ADDRESS CITY-ST-2P  TITLE NAME STRET ADDRESS CI	3473 SE W	VILLOUGH		Street Addres			(P.O. Box Numb	oer is Not Acceptable	)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature typed or private agent agent agent and 100 if applicable.   MOTE Registered Agent agentate required when renotational   DATE				City			FI	Zip Code	9			
FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75    Make check payable to Florida Department of State	8. 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. I am familiar with, and accept											
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P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM CRECH, RICHARD T SABE SIRET ADDRESS CITY-ST-2P		Signature, typed	or printed name of registered agent ar	nd title il applicable (NOTi	E: Registere	d Agent signature require	id when reinstating)	· · · · · · · · · · · · · · · · · · ·	OATE			
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11. I hereby certify that the information supplied with this tiping does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that by 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 eppoyeered to execute this report as required by Chapter 608, Florida Statutes.		-		/ //						•		
	11. I hereby indicated limited lia	certify that the lon this reposibility compa	ie information supplied with irt is true and accurate and iny or the receiver of trustee	this tripg does not qualify for that by signature shall have encovered to execute this	r the exe the sam report a	emptions contained e legal effect as if s required by Cha	d in Chapter 119 made under oa pter 608, Florida	), Florida Statutes. I fu th; that I am a manag a Statutes.	irther certify jing membe	that the info er or manage	ormation or of the	