


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90078 045 ***538.75

DOCUMENT # L07000068159

1. Entity Name
NATIVE AMERICAN RESORT SERVICES UNLIMITED, LLC



Principal Place of Business
**2729 HOLLYWOOD B LVD.
 HOLLYWOOD, FL 33020**

Mailing Address
**POB 840708
 PEMBROOK PINES, FL 33084**

60040956



2. Principal Place of Business - No P.O. Box #
5722 S. Flamingo Rd

3. Mailing Address
as above

Suite, Apt. #, etc.
316

Suite, Apt. #, etc.

03312008 Chg-LLC CR2E083 (12/06)

City & State
Cooper City FL

City & State

Zip
33330

Country
US

Zip

Country

4. FEI Number
26-2341517

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOLMAN, JEFFREY 2739 HOLLYWOOD BLVD HOLLYWOOD, FL 33020		Name Street Address (P.O. Box Number is Not Acceptable) City	
		City FL Zip Code	

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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACEY, TINA D POB 840708 PEMBROOK PINES, FL 33084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LESCH, CHRISTINA A 400 S. BEVERLY DRIVE SUITE 214 BEVERLY HILLS, CA 90212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 my 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: Tina D. Lacey 4/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #