

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068159

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATIVE AMERICAN RESORT SERVICES UNLIMITED, LLC

Current Principal Place of Business:

5722 S. FLAMINGO RD
#316
COOPER CITY, FL 33330

New Principal Place of Business:

3001 N. STATE ROAD 7
HOLLYWOOD, FL 33024 US

Current Mailing Address:

POB 840708
PEMBROOK PINES, FL 33084

New Mailing Address:

POB 840708
PEMBROOK PINES, FL 33084 US

FEI Number: 26-2341517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMAN, JEFFREY
2739 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020 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: LACEY, TINA D
Address: POB 840708
City-St-Zip: PEMBROOK PINES, FL 33084

Title: MGRM () Delete
Name: LESCH, CHRISTINA A
Address: 400 S. BEVERLY DRIVE SUITE 214
City-St-Zip: BEVERLY HILLS, CA 90212

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEVITO, TINA
Address: POB 840708
City-St-Zip: PEMBROOK PINES, FL 33084 US

Title: MGRM (X) Change () Addition
Name: LESCH, CHRISTINA A
Address: 400 S. BEVERLY DRIVE SUITE 214
City-St-Zip: BEVERLY HILLS, CA 90212 US

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: TINA DEVITO

MGRM

04/27/2009

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