

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111343

Entity Name: NATALIE'S CANAL CO., LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

12134 S.W. 117TH COURT
MIAMI, FL 33186

New Principal Place of Business:

12134 SW 117 CT
MIAMI, FL 33186

Current Mailing Address:

12134 S.W. 117TH COURT
MIAMI, FL 33186

New Mailing Address:

12134 SW 117 CT
MIAMI, FL 33186

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMET, BARRY N ESQ.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ASKOWITZ, ANTHONY G
12134 SW 117 CT
MIAMI, FL 33186 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: ASKOWITZ, ANTHONY G

01/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ASKOWITZ, GERALD
Address: 12134 S.W. 117TH COURT
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: ASKOWITZ, ANTHONY
Address: 12134 S.W. 117TH COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASKOWITZ, GERALD
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: ASKOWITZ, ANTHONY G
Address: 12134 SW 117 CT
City-St-Zip: MIAMI, FL 33186

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: ASKOWITZ, ANTHONY G

MGRM

01/16/2008

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