

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000227

Entity Name: NATIVE, L.C.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

930 SOUTHWEST 18TH STREET  
FORT LAUDERDALE, FL 33315

## New Principal Place of Business:

138 NW 25TH STREET  
MIAMI, FL 333127

## Current Mailing Address:

P.O. BOX 190661  
MIAMI BCH, FL 33119

## New Mailing Address:

FEI Number: 65-0640743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WHITAKER, CRAIG  
930 SW 18TH STREET  
FT LAUDERDALE, FL 33115      US

## Name and Address of New Registered Agent:

WHITAKER, CRAIG  
138 NW 25TH STREET  
MIAMI, FL 33127      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:

04/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WHITAKER, CRAIG  
Address: 930 SW 18TH ST  
City-St-Zip: FORT LAUDERDALE, FL

Title: MGRM (X) Delete  
Name: WHITAKER, LISA  
Address: 930 SW 18TH ST  
City-St-Zip: FT LAUDERDALE, FL 33115

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WHITAKER, CRAIG  
Address: 138 NW 25TH STREET  
City-St-Zip: MIAMI, FL 33127

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: CRAIG WHITAKER

MGRM

04/17/2009

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