

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
 Mailed Out From Natural Pl 7/1/04  
 Jul 13, 2004 08:00 AM  
 Cert Mail 70012510000542135615  
 Return Receipt  
 Secretary of State  
 CK# 1094 Enclosed  
 Phone# 954 428 5438

**DOCUMENT # L99000008521**

1. Entity Name  
**THE NATURAL PLACE, L.L.C.**



Principal Place of Business  
 1962 N.E. 5TH ST.  
 DEERFIELD BEACH, FL 33441

Mailing Address  
 1917 NE 5TH STREET  
 DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**



07012004No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 65-0973291 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION COMPANY OF MIAMI  
 201 SOUTH BISCAYNE BOULEVARD, SUITE 1500  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHARNEY, ALAN 1917 N.E. 5TH STREET DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHARNEY, JOYCE 1917 N.E. 5TH STREET DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000166036  
 07/13/04-80007-022 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Alan Charney*

7/1/04 954-428-54

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #