


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

**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**



01032007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-0973291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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: *Joyce Charney*      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 May 1, 2007**

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
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 04/11/07-80081-017 50.00

**DO NOT WRITE IN THIS SPACE**

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: *J. Charney*      Date: 4/2/07      Daytime Phone # \_\_\_\_\_

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

954-428-5432