2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002642

Entity Name: NATIVE REMEDIES LLC

2845 SW 22ND AVE., UNIT 107

DELRAY BEACH, FL 33445

Address:

City-St-Zip:

FILED Jun 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 907 HYACINTH DRIVE DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 907 HYACINTH DRIVE DELRAY BEACH, FL 33483 FEI Number: 03-0482250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUNTZ, GEORGE 907 HYACINTH DRIVE DELRAY BEACH, FL 33483 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LUNTZ. GEORGE Name: Name: Address: 907 HYACINTH DRIVE Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LUNTZ, ADRIENNE Name: Address: 907 HYACINTH DRIVE Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MRGM () Delete Title: () Change () Addition LUNTZ, DEAN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: GEORGE LUNTZ MGR 06/07/2005