2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-04-2008 90203 001 ***431.25

DOCUMENT # M05000004552

1. Entity Name
NATTYMAC, LLC

Principal Place of Business	Mailing Address
100 SECOND AVE SOUTH STE 200N ST. PETERSBURG, FL 33701	100 SECOND AVE SOUTH STE 200N ST. PETERSBURG, FL 33701

30005026

03132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2440953
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLSTER, BRUCE
100 SECOND AVE SOUTH
STE 200N
ST. PETERSBURG, FL 33701

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	IRVINE, THOMAS
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	MARLEY, TODD J
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	PETERSON, JAMES
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	CHRISTEL, DAVID J
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	OLSTER, BRUCE A
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	STIDD, ANDREW L
STREET ADDRESS	100 SECOND AVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #