2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M06000006910

1. Entity Name
NATURE COAST COMMONS, L.L.C.

Principal Place of Business	Mailing Address
4200 WEST CYPRESS STREET, SUITE 444 TAMPA, FL 33607	4200 WEST CYPRESS STREET, SUITE 444 TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
20-5993567		Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RAUENHORST, JOSEPH J
STREET ADDRESS	225 N.E. MIZNER BLVD., SUITE 675
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	GREENFIELD, BARRY W
STREET ADDRESS	4200 WEST CYPRESS STREET, SUITE 444
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Barry Greenfield_   Barry Greenfield   03/20/07   813 877 4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #