2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# M07000003793

Entity Name: LIVING NATURALLY, LLC

Current Principal Place of Business:

871 VENETIA BAY BLVD, STE 200
VENICE, FL 34285

New Principal Place of Business:

6230 UNIVERSITY PARKWAY
STE 301
SARASOTA, FL 34240

Current Mailing Address:

871 VENETIA BAY BLVD, STE 200
VENICE, FL 34285

New Mailing Address:

6230 UNIVERSITY PARKWAY
STE 301
SARASOTA, FL 34240

FEI Number: 48-1215501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRYER, TRACY
871 VENETIA BAY BLVD, STE 200
VENICE, FL 34285 US

Name and Address of New Registered Agent:

FRYER, TRACY
6230 UNIVERSITY PARKWAY
STE 301
SARASOTA, FL 34240 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: _____ 04/11/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNAGGS, DAVID
Address: 871 VENETIA BAY BLVD, STE 200
City-St-Zip: VENICE, FL 34285

Title: MGRM ( ) Delete
Name: LETT, CJ
Address: 9320 E CENTRAL
City-St-Zip: WICHITA, KS 67206

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KNAGGS, DAVID
Address: 6230 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ALLYSON NEWKIRK CON 04/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date