2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006
Secretary of State

DOCUMENT# L05000052433

Entity Name: LVN GROUP LLC

Current Principal Place of Business:

20533 BISCAYNE BLVD., STE. 562
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD., STE. 562
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 51-0545561 **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:

SPIEGEL & UTERA,P.A.
1840 S.W. 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SAUNDERS, RUTH A
20533 BISCAYNE BLVD. #562
AVENTURA, FL 33180 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: RUTH ANN SAUNDERS 06/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAUNDERS, RUTH ANN
Address: 20533 BISCAYNE BLVD., STE. 562
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete
Name: SAUNDERS, DIANA
Address: 20533 BISCAYNE BLVD., STE. 562
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RUTH ANN SAUNDERS MGRM 06/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date