

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004639

Entity Name: LN GROUP, LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

9801 LAKE NONA ROAD
ORLANDO, FL 32827

New Principal Place of Business:

9801 LAKE NONA ROAD
ORLANDO, FL 32827 US

Current Mailing Address:

255 S. ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801

New Mailing Address:

9801 LAKE NONA ROAD
ORLANDO, FL 32827 US

FEI Number: 59-2117458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
420 SOUTH ORANGE AVE.
SUITE 1200
ORLANDO, FL 328014904 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: TAVISTOCK CORPORATIO, N
Address: P.O. BOX 8800
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: VOSS, JEFFERSON R
Address: 9801 LAKE NONA ROAD
City-St-Zip: ORLANDO, FL 32827

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TAVISTOCK CORPORATIO, N
Address: 9801 LAKE NONA ROAD
City-St-Zip: WINDERMERE, FL 32827 US

Title: MGR (X) Change () Addition
Name: VOSS, JEFFERSON R
Address: 9801 LAKE NONA ROAD
City-St-Zip: ORLANDO, FL 32827 US

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: JEFFERSON R. VOSS

MGR

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date