

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90053 019 \*\*\*\*50.00

**DOCUMENT # L02000034944**

1. Entity Name  
**THE HENNING GROUP, LC**



Principal Place of Business  
**4344 CORPORATE SQUARE  
SUITE 1  
NAPLES, FL 34104 US**

Mailing Address  
**4344 CORPORATE SQUARE  
SUITE 1  
NAPLES, FL 34104 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**03-0502039**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, WILLIAM G ESQ.  
247 NORTH COLLIER BOULEVARD  
SUITE 202  
MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **HENNING, HEATHER K**  
STREET ADDRESS **4344 CORPORATE SQUARE, SUITE 1**  
CITY - ST - ZIP **NAPLES, FL 34104**

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **MGRS** ☐ Delete  
NAME **HENNING, JEFFERY L**  
STREET ADDRESS **5800 MERLE HAY ROAD SUITE 14**  
CITY - ST - ZIP **JOHNSTON, IA 50131**

TITLE ☒ Change ☐ Addition  
NAME **Henning, Jeffery L.**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **T** ☐ Delete  
NAME **CHARLSON, JEFFERY L**  
STREET ADDRESS **5800 MERLE HAY RD. STE. 14**  
CITY - ST - ZIP **JOHNSTON, IA 50131**

TITLE ☒ Change ☐ Addition  
NAME **Charlson, Jeffery E.**  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-27-06**

Date

**515-253-0943**

Daytime Phone #