

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012119

Entity Name: CNA HOLDINGS LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

4901 SW WILD TURKEY LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

4901 SW WILD TURKEY LANE
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 41-2130376 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:

Name and Address of New Registered Agent:

BROWN, CRAIG F
4901 SW WILD TURKEY LANE
OKEECHOBEE, FL 34974 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, CRAIG F
Address: 4901 SW WILD TURKEY LANE
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGRM () Delete
Name: BROWN, NOEL F
Address: 6953 SW LASSOO LANE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: BERGSTROM, ALLAN
Address: 14642 80TH LANE N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

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

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: ALLAN BERGSTROM

MGR

07/06/2006

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