## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000012119

Entity Name
 CNA HOLDINGS LLC



Principal Place of Business

4901 SW WILD TURKEY LANE OKEECHOBEE, FL 34974

Mailing Address

4901 SW WILD TURKEY LANE OKEECHOBEE, FL 34974 FILED Apr 26, 2007 08:00 AM Secretary of State



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2130376 Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 accer
	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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BROWN, CRAIG F
STREET ADDRESS	4901 SW WILD TURKEY LANE
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	BROWN, NOEL F
STREET ADDRESS	6953 SW LASSOO LANE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	BERGSTROM, ALLAN
STREET ADDRESS	14642 80TH LANE N
CITY+ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADORESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000734020 05/03/07-80108-021 50.00

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.