2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L04000012119

Entity Name: CNA HOLDINGS LLC

Current Principal Place of Business:

4901 SW WILD TURKEY LANE
OKEECHOBEE, FL 34974

New Principal Place of Business:

6953 S.W. LASSO LANE
PALM CITY, FL 34990

Current Mailing Address:

14642 80TH LANE N
LOXAHATCHEE, FL 33470

New Mailing Address:

6953 S.W. LASSO LANE
PALM CITY, FL 34990

FEI Number: 41-2130376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CRAIG F
4901 SW WILD TURKEY LANE
OKEECHOBEE, FL 34974 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:	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 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 MGRM 04/15/2009

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