

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90020 026 \*\*\*\*50.00

|  |  |   |  |
|--|--|---|--|
| <b>DOCUMENT # L05000005446</b><br>1. Entity Name<br><b>NRG HOLDINGS, LLC</b>   |  |   |  |
| Principal Place of Business<br><b>111 18TH AVENUE SOUTH<br/>LAKE WORTH, FL 33460</b>   |  | Mailing Address<br><b>111 18TH AVENUE SOUTH<br/>LAKE WORTH, FL 33460</b>  |  |
| 2. Principal Place of Business<br><b>13140 Wildflower Pl. E.</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>13140 Wildflower Pl. E.</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>Jacksonville FL</b><br>Zip<br><b>32246</b>  |  | City & State<br><b>Jacksonville FL</b><br>Zip<br><b>32246</b>   |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |  |
| 4. FEI Number<br><b>20-222-1625</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RICH-GLANSEN, NANCY<br/>111 18TH AVENUE SOUTH<br/>LAKE WORTH, FL 33460</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13140 Wildflower Pl. E.</b><br><b>Jacksonville FL</b><br>City<br><b>FL</b> Zip Code<br><b>32246</b> |  |
| 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<br><br><small>Signature, typed or printed name of registered agent and file if applicable.</small>   |  | DATE<br><b>4-17-06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>  |  |
| TITLE<br><b>MGR</b>  | NAME<br><b>RICH-GLANSEN, NANCY</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| STREET ADDRESS<br><b>111 18TH AVENUE SOUTH</b>   | CITY-ST-ZIP<br><b>LAKE WORTH, FL 33460</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete            | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | DATE<br><b>4-17-06</b><br>Daytime Phone #<br><b>904-221-3595</b>  |  |