2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013116

Entity Name: KHNBO HOLDINGS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
181 OAK COMMON AVENUE ST. AUGUSTINE, FL 32095 US	308 MONTEREY VILLA COURT ST. AUGUSTINE, FL 32095 US

Current Mailing Address:	**New Mailing Address:**
181 OAK COMMON AVENUE ST. AUGUSTINE, FL 32095 US	308 MONTEREY VILLA COURT ST. AUGUSTINE, FL 32095 US

FEI Number: 20-2295658   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD SUITE 450 JACKSONVILLE, FL 32256 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: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	
Name:	ORR, BRUCE	
Address:	181OAK COMMON AVENUE	
City-St-Zip:	ST. AUGUSTINE, FL 32095 US	

Title:	MGRM (X) Change ( ) Addition	
Name:	ORR, BRUCE	
Address:	308 MONTEREY VILLA COURT	
City-St-Zip:	ST. AUGUSTINE, FL 32095 US	

Title:	( ) Delete	
Name:		
Address:		
City-St-Zip:		

Title:	MGRM ( ) Change (X) Addition	
Name:	HOLDEN, KAREN	
Address:	308 MONTEREY VILLA COURT	
City-St-Zip:	SAINT AUGUSTINE, FL 32095 US	

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: BRUCE N. ORR   MGRM   01/19/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date