# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2006**
**Secretary of State**

DOCUMENT# L05000024215

**Entity Name:** S & N HOLDINGS, LLC

**Current Principal Place of Business:**

2675 WINKLER AVENUE, SUITE 490
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2675 WINKLER AVENUE, SUITE 490
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 20-2474344** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KYLE, KEVIN A
1520 ROYAL PALM SQUARE BOULEVARD, STE 320
FORT MYERS, FL 33919 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: ( ) Delete
Name:
Address:
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: DR. ( ) Change (X) Addition
Name: SADIGHI, ABRAHAM
Address: 2675 WINKLER AVE., SUTE 490
City-St-Zip: FT. MYERS, FL 33901

Title: DR. ( ) Change (X) Addition
Name: NOVOTNEY, MICHAEL
Address: 2675 WINKLER AVE., SUITE 490
City-St-Zip: FT. MYERS, FL 33901

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: ABRAHAM SADIGHI DR. 04/27/2006

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