2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025467

Entity Name: NAPHTALI, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
26338 U.S. HWY. 19 CLEARWATER, FL 33761 US	5695 STAG THICKET LN PALM HARBOR, FL 34685 US

Current Mailing Address:	**New Mailing Address:**
26338 U.S. HWY. 19 CLEARWATER, FL 33761 US	5695 STAG THICKET LN PALM HARBOR, FL 34685 US

FEI Number: FEI Number Applied For (X)   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CARVER, JOHN 26338 U.S. HWY. 19 CLEARWATER, FL 33761 US	CARVER, JOHN 5695 STAG THICKET LN PALM HARBOR, FL 34685 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: JOHN CARVER   01/13/2006

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	CARVER, JOHN	Name:	CARVER, JOHN
Address:	26338 U.S. HWY. 19	Address:	5695 STAG THICKET LN
City-St-Zip:	CLEARWATER, FL 33761 US	City-St-Zip:	PALM HARBOR, FL 34685 US

Title:	( ) Delete	Title:	MGR ( ) Change (X) Addition
Name:		Name:	HOWARD, MARCUS
Address:		Address:	1301 TRAILVIEW
City-St-Zip:		City-St-Zip:	TARPON SPRINGS, FL 34688

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: JOHN CARVER   MGRM   01/13/2006

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