2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L05000033861

Entity Name: NN HOLDINGS LLC

Current Principal Place of Business:

2411 14TH ST. W.
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

2411 14TH ST. W.
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 20-2678983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETTRY, MARY
3540 PARKRIDGE CIRCLE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

WEAVER, AMANDA
2001 SIESTA DRIVE
201
SARASOTA, FL 34239 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: AMANDA WEAVER 01/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NALLURI, RAJA M.D.
Address: 2411 14TH ST W.
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Delete
Name: NGUYEN, PHONG M.D.
Address: 2411 14 TH ST W.
City-St-Zip: BRADENTON, FL 34205

Title: MGRM ( ) Delete
Name: NALLURI, SARAT
Address: 2411 14TH ST. W.
City-St-Zip: BRADENTON, FL 34205

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 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: RAJA NALLURI OWN 01/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date