

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061077

Entity Name: KARNAN GROUP LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

7378 SUNRISE BOULEVARD
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8455
FLEMING ISLAND, FL 32006 US

New Mailing Address:

FEI Number: 20-3034987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMULLEN, KAREN G
7378 SUNRISE BOULEVARD
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

MCMULLEN, KAREN G
305 SCENIC POINT LANR
ORANGE PARK, FL 32003 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: KAREN G, MCMULLEN

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCMULLEN, KAREN G
Address: 7378 SUNRISE BLVD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MGRM () Delete
Name: BLOODGOOD, NANCY J
Address: 7378 SUNRISE BLVD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCMULLEN, KAREN G
Address: 305 SCENIC POINT LANE
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGRM (X) Change () Addition
Name: BLOODGOOD, NANCY J
Address: 6530 WOODLAND
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 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: KAREN G. MCMULLEN

MGRM

02/22/2006

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