

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085907

Entity Name: PACKARD GROUP, LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

2910 W. LAKE MARY BLVD.
SUITE #102
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

2910 W. LAKE MARY BLVD.
SUITE #102
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 57-1223711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONCRIEF, JAMES L
2910 W. LAKE MARY BLVD.
SUITE #102
LAKE MARY, FL 32746 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: MGRM () Delete
Name: WAREING, W. MARTIN
Address: 2211 DELORIANE TRAIL
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM () Delete
Name: MONCRIEF, JAMES L
Address: 861 SILVERWOOD DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: PACKARD, DOUGLAS R
Address: 582 EAGLES CROSSING PLACE
City-St-Zip: LAKE MARY, FL 32746 US

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: W. MARTIN WAREING

MGRM

04/18/2006

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