

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091246

Entity Name: PN HOLDINGS, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 20-8546783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE, 3RD FLOOR
NORTH PALM BEACH, FL 33408 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: P () Delete
Name: PETRALLIA, ROBERT A
Address: 11780 US HWY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: WORMAN, PAT
Address: 11780 US HWY ONE #500
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: DOTY, DONNA L
Address: 11780 US HWY ONE, STE 500
City-St-Zip: NORTH PALM BEACH, FL 33408

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 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: DONNA L. DOTY

S

03/17/2009

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