

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000046871

**FILED**  
**Jul 14, 2009**  
**Secretary of State****Entity Name:** PN GROUP LLC**Current Principal Place of Business:**10806 US HWY 19  
SUITE #106  
PORT RICHEY, FL 34668**New Principal Place of Business:****Current Mailing Address:**10806 US HWY 19  
SUITE #106  
PORT RICHEY, FL 34668**New Mailing Address:****FEI Number:** 20-8917553**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MEHTA, PRERNA CEO  
8719 LOVAS TRAIL  
TRINITY, FL 34655 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: CEO ( ) Delete  
Name: MEHTA, PRERNA  
Address: 8719 LOVAS TRL  
City-St-Zip: TRINITY, FL 34655 USTitle: MGR ( ) Delete  
Name: JAIN, ANAMIKA  
Address: 1400 LENTON CT  
City-St-Zip: TRINITY, FL 34655 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: ATALLA, EZZAT F  
Address: 4426 SAW GRASS DR  
City-St-Zip: PALM HARBOR, FL 34685

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: PRERNA MEHTA

CEO

07/14/2009

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