

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114060

Entity Name: NNR GROUP LLC

FILED
Sep 10, 2008
Secretary of State

Current Principal Place of Business:

7535 MEDICAL DR
UNIT 1
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

7535 MEDICAL DR
UNIT 1
HUDSON, FL 34667

New Mailing Address:

FEI Number: 26-1398021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEHRA, VINOD CEO
2631 MAYLIN DR
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

MEHTA, PRERNA CEO
8719 LOVAS TRL
TRINITY, FL 34655 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: PRERNA MEHTA

09/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: MEHRA, VINOD CEO
Address: 2631 MAYLIN DR
City-St-Zip: TRINITY, FL 34655

Title: MGR () Delete
Name: JAIN, NARESH K
Address: 2631 MAYLIN DR
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: MEHTA, PRERNA CEO
Address: 8719 LOVAS TRL
City-St-Zip: TRINITY, FL 34655

Title: MGR (X) Change () Addition
Name: JAIN, NARESH K
Address: 1400 LENTON ROSE CT
City-St-Zip: TRINITY, FL 34655

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

09/10/2008

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