

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000015688**

1. Entity Name
THREE-N DEVELOPMENT, LLC

FILED

01 AUG 10 PM 12:17

Principal Place of Business
**9836 W. SAMPLE RD.
CORAL SPRINGS FL 33065**

Mailing Address
**P.O. BOX 759523
CORAL SPRINGS FL 33075**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*** 59-25 39131**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, ROBERT W
313 MALLARD RD.
WESTON FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00 *
Make Check Payable to Department of State
Due By September 26, 2001**

**THE LLC IS A SHELL TO DATE
A MERGER IS UNDERWAY
WITH LAND DEVELOPMENT A
GENERAL PARTNERSHIP WITH
THE LLC AS THE SURVIVOR.**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM NELSON, ROBERT W**
STREET ADDRESS **313 MALLARD RD.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM CARLBURG, VIOLET NELSON**
STREET ADDRESS **1360 SEABAY RD.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME **100004534891**
STREET ADDRESS **-08/14/01--01059--018**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **MGRM NELSON, DARCI**
STREET ADDRESS **313 MALLARD RD.**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **ROBERT W. NELSON, AUG 1, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **084-752-0293** Daytime Phone #

CR2E083 (5/01)