


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015688 1. Entity Name THREE-N DEVELOPMENT, LLC	
---	---

Principal Place of Business 9747 W. SAMPLE ROAD CORAL SPRINGS FL 33065	Mailing Address P.O. BOX 759523 CORAL SPRINGS FL 33075
--	--



MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 90-0022450	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent NELSON, ROBERT W 313 MALLARD RD. WESTON FL 33326

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	NELSON, ROBERT W	
STREET ADDRESS	313 MALLARD RD.	
CITY - ST - ZIP	WESTON FL 33326	
TITLE	MGRM	<input type="checkbox"/>
NAME	CARLBURG, VIOLET NELSON	
STREET ADDRESS	1360 SEABAY RD.	
CITY - ST - ZIP	WESTON FL 33326	
TITLE	MGRM	<input type="checkbox"/>
NAME	NELSON, DARCI	
STREET ADDRESS	313 MALLARD RD.	
CITY - ST - ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES		Change	Addition
TITLE	U00000019693	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	01/29/04-80035-018		
CITY - ST - ZIP	50.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Jan 26 2004 954-752-0492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #