

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015688

FILED
Jan 03, 2008
Secretary of State

Entity Name: THREE-N DEVELOPMENT, LLC

Current Principal Place of Business:

9747 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 759523
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 90-0022450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, ROBERT W
2410 SW ISLAND CREEK TR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

NELSON, ROBERT W
2410 SW ISLAND CREEK TRAIL
PALM CITY, FL 34990 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: _____

Electronic Signature of Registered Agent

01/03/2008

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NELSON, ROBERT W TRUSTEE
Address: 9747 S.W. ISLAND CREEK TRAIL
City-St-Zip: CORAL SPRINGS, FL 34990

Title: MGRM () Delete
Name: NELSON, DARCI TRUSTEE
Address: 2410 SW ISLAND CREEK TR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NELSON, ROBERT W TRUSTEE
Address: 2410 S.W. ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Change () Addition
Name: NELSON, DARCI A TRUSTEE
Address: 2410 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990

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: DARCI A. NELSON

MGRM

01/03/2008

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