## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L00000015688

City-St-Zip:

Entity Name: THREE-N DEVELOPMENT, LLC

FILED Jan 15, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9747 W. SAMPLE ROAD CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** P.O. BOX 759523 CORAL SPRINGS, FL 33075 FEI Number: 90-0022450 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, ROBERT W 2410 SW ISLAND CREEK TRAIL PALM CITY, FL 34990 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: ADDITIONS/CHANGES: Title: () Delete (X) Change ( ) Addition NELSON, ROBERT W TRUSTEE NELSON, ROBERT W TRUSTEE Name: Name: 2410 S.W. ISLAND CREEK TRAIL Address: 2410 S.W. ISLAND CREEK TRAIL Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition NELSON, DARCI A TRUSTEE Name: NELSON, DARCI A TRUSTEE Name: Address: 2410 SW ISLAND CREEK TRAIL Address: 2410 SW ISLAND CREEK TRAIL City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 US Title: () Delete Title: MEMB ( ) Change (X) Addition NELSON, ANDREW S Name: Name: 9874 SW EASTBROOK CIRCLE Address: Address: City-St-Zip: City-St-Zip: PORT ST LUCIE, FL 34987 US Title: () Delete Title: MEMB ( ) Change (X) Addition Name: Name: NELSON, KELLI A 2410 SW ISLAND CREEK TRAIL Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990 US Title: () Delete Title: MEMB ( ) Change (X) Addition NELSON, MARC W Name: Name: 2410 SW ISLAND CREEK TRAIL Address: Address:

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.

City-St-Zip:

PALM CITY, FL 34990 US

SIGNATURE: DARCI A. NELSON MGRM 01/15/2008