

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015688

FILED
Apr 16, 2009
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 TRAIL
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

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

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

Title: MEMB () Delete
Name: NELSON, ANDREW S
Address: 9874 SW EASTBROOK CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: MEMB () Delete
Name: NELSON, KELLI A
Address: 2410 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990 US

Title: MEMB () Delete
Name: NELSON, MARC W
Address: 2410 SW ISLAND CREEK TRAIL
City-St-Zip: PALM CITY, FL 34990 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEMB (X) Change () Addition
Name: NELSON, KELLI A
Address: 7969 NW 127TH LANE
City-St-Zip: PARKLAND, FL 33076 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELLI A NELSON

MEMB

04/16/2009

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