2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #L03000038209

1. Entity Name
M & N PROPERTIES, LLC



FILED Apr 03, 2008 08:00 AN Secretary of State

Principal Place of Business

4050 NE 5TH AVE. OAKLAND PARK, FL 33334 Mailing Address

4050 NE 5TH AVE. OAKLAND PARK, FL 33334



04012008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0438003 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMURTREY, FRED L 4050 NE 5TH AVE. OAKLAND PARK, FL 33334

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000880259 04/15/08-80055-006 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCMURTREY, FRED L
STREET ADDRESS	4050 NE 5TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	MGRM
NAME	NEWBERRY, JAMES G JR.
STREET ADDRESS	4050 NE 5TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL 33334
IUITE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	·
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

FIG. FIG. E. FIZE BRINATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZE

FIZED MEMURTICEY

4/1/08

954-567-1795

Daytime Phone #