


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000002347
 1. Entity Name
 M & N INVESTMENTS 3, LLC



Principal Place of Business 3699 LAKE ALFRED RD WINTER HAVEN, FL 33881-9631	Mailing Address 3699 LAKE ALFRED RD WINTER HAVEN, FL 33881-9631
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HINES, JAMES P
 315 S. HYDE PARK AVE.
 TAMPA, FL 33606

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

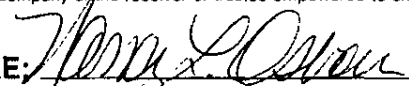
U00000938566
 05/27/08-80016-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OSBORN, NANCY L
STREET ADDRESS	3699 LAKE ALFRED RD
CITY-ST-ZIP	WINTER HAVEN, FL 338819631
TITLE	MGRM
NAME	OSBORN, MICHAEL M
STREET ADDRESS	3699 LAKE ALFRED RD
CITY-ST-ZIP	WINTER HAVEN, FL 338819631
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:  4-29-08 863 293-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #