


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000002348  
 1. Entity Name  
 M & N INVESTMENTS, LLC



Principal Place of Business  
 505 SOUTH LAKE HOWARD DRIVE  
 WINTER HAVEN, FL 33880

Mailing Address  
 505 SOUTH LAKE HOWARD DRIVE  
 WINTER HAVEN, FL 33880



01252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1579220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

U00000469914  
 03/27/06-80022-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OSBORN, NANCY L 505 S LAKE HOWARD DR WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OSBORN, MICHAEL M 505 S LAKE HOWARD DR WINTER HAVEN, FL 33880
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**DO NOT WRITE IN THIS SPACE**

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: Nancy L. Osborn 3-13-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #