2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNOAL REPORT					y 01, 2000 00.0
DOCUMENT # L0400002348 1. Entity Name M & N INVESTMENTS, LLC					Secretary of Sta
3699 LAKE	ce of Business ALFRED ROAD VEN, FL 33881-9631	Mailing Address 3699 LAKE ALFRED ROAD WINTER HAVEN, FL 33881-9	9631		
	OO NOT WRITE	TIN TUIC COA	Æ	01292008 No Chg-LLC	CR2E083 (12/07)
			UE'S	4. FEI Number 20-1579220	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
HINES, JA 315 S. HY TAMPA, F	DE PARK AVE.	Registered Agent		DO NOT W IN THIS SE	ACE
8. The above the obligat SIGNATURE.	e named entity submits this statement fo tions of registered agent. Signature, typed or printed name of registered agent		ered office or registere		orida. I am familiar with, and accept
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				U00000 05/27/08	936550 80016~004_139.75
9.	MANAGING MEMBE	RS/MANAGERS		Barran Ville	TOWN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, NANCY L 3699 LAKE ALFRED RD WINTER HAVEN, FL 33881963	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, MICHAEL M 3699 LAKE ALFRED RD WINTER HAVEN, FL 33881963	1			
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS				IN THIS SP	ACE
CITY-ST-ZIP					
	1		# 10 1971 32% 1.25	- 765° 11760° 15. 1172 - 526° 174° 174° 174° 174°	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MONDY & SAOW

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Dayirma Phone #