

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 10 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L04000002356 1. Entity Name M & N INVESTMENTS 2, 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
2. Principal Place of Business - No P.O. Box # 3699 Lake Alfred Road Suite, Apt. #, etc.	3. Mailing Address 3699 Lake Alfred Road Suite, Apt. #, etc.	
City & State Winter Haven, FL	City & State Winter Haven, FL	4. FEI Number NOT APPLICABLE
Zip 33881-9631	Country	Applied For Not Applicable
Zip 33881-9631	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, NANCY L <input type="checkbox"/> Delete 505 SOUTH LAKE DRIVE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORN, MICHAEL M <input type="checkbox"/> Delete 505 SOUTH LAKE DRIVE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3699 Lake Alfred Road Winter Haven, FL 33881-9631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600103093206 05/23/07--01010--001 **650.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:		Date: 4-27-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Daytime Phone #: 863 293-1779