

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000002356



1. Entity Name
 M & N INVESTMENTS 2, 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



01292008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$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

U00000936547
 05/27/08-80016-003 138.75

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	

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* 4-21-08 863 293-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #