# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035175

1. Entity Name
MTNEST, LLC

**FILED**
08 JAN 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1990 MAIN ST<br>STE 700<br>SARASOTA, FL 34236 | ~~P.O. BOX 870~~<br>~~OSPREY, FL 34229~~ |

01222008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | c/o JOHN MORAN<br>Suite, Apt. #, etc.<br>PO Box 3948 |
| City & State | City & State<br>SARASOTA, FL |
| Zip / Country | Zip 34230 / Country USA |

4. FEI Number
20-1104065
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MORAN, JOHN A ESQ<br>1990 MAIN ST, STE 700<br>SARASOTA, FL 34236 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 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**

BK

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>NM TWO REAL ESTATE TRUST<br>P.O. BOX 870<br>OSPREY, FL 34229 | ☐ Delete | JOHN MORAN, Tte - MGRM<br>NM TWO REAL EST TRUST<br>PO Box 3948<br>SARASOTA FL 34230 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>LAMBERT, JEFFREY L<br>P.O. BOX 870<br>OSPREY, FL 34229 | ☒ Delete | 800117610638<br>02/08/08--01023--018 **138.75 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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: J. M. Moran, Tte — 1-29-08 — 941-366-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
NM Two Real Est Trust
as Mgr