2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035175

Entity Name: MTNEST, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1990 MAIN ST STE 700 SARASOTA, FL 34236	

Current Mailing Address:	**New Mailing Address:**
C/O JOHN MORAN P.O. BOS 3948 SARASOTA, FL 34230	C/O JOHN MORAN P.O. BOX 3948 SARASOTA, FL 34230

FEI Number: 20-1104065   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MORAN, JOHN A ESQ 1990 MAIN ST, STE 700 SARASOTA, FL 34236 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM   ( ) Delete
Name: MORAN, JOHN TRUSTEE
Address: P.O. BOX 3948
City-St-Zip: SARASOTA, FL 34230

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM   (X) Change ( ) Addition
Name: NM TWO REAL ESTATE T, RUST
Address: P.O. BOX 3948
City-St-Zip: SARASOTA, FL 34230

Title: TR   ( ) Change (X) Addition
Name: MORAN, JOHN A TRUSTEE
Address: P.O. BOX 3948
City-St-Zip: SARASOTA, FL 34230 US

Title: TR   ( ) Change (X) Addition
Name: SELLEI, GABRIELLE J TRUSTEE
Address: 2617 HUNTINGDON PIKE
City-St-Zip: HUNTINGDON VALLEY, PA 19006 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELLE J. SELLEI   TRUS   01/21/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date