
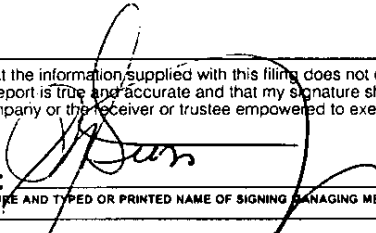


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90051 037 ****50.00

DOCUMENT # L04000082319 1. Entity Name M&N LLC			
Principal Place of Business 25 EAST 17TH STREET ST CLOUD, FL 34769		Mailing Address 25 EAST 17TH STREET ST CLOUD, FL 34769	
2. Principal Place of Business 1136 New York Ave.		3. Mailing Address 1136 New York Ave.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ST. Cloud, FL		City & State ST. Cloud, FL	
Zip 34769		Zip 34769	
Country 		Country 	
4. FEI Number 20-1875654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD, BRADLEY 1134 NEW YORK AVENUE ST. CLOUD, FL 34769		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, CHARLES N JR 25 EAST 17TH STREET ST. CLOUD, FL 34769	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, CHARLES N III 25 EAST 17TH STREET ST CLOUD, FL 24769	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, MICHAEL D 2820 MARJORIE ROAD ST CLOUD, FL 34772	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, SUSAN M 2820 MARJORIE ROAD ST CLOUD, FL 34772	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 4-26-06 Daytime Phone # 407-957-4444	