2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048605

Entity Name: N & N REAL ESTATE LLC

SOLON, OH 44139

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 800 LAUREL OAK DR., SUITE 600 800 LAUREL OAK DR. NAPLES, FL 34108 SUITE 600 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 800 LAUREL OAK DR. 800 LAUREL OAK DR., SUITE 600 NAPLES, FL 34108 SUITE 600 NAPLES, FL 34108 FEI Number: 20-2873704 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: HL STATUTORY AGENT, INC. 800 LAUREL OAK DRIVE #600 M&I BUILDING NAPLES, FL 34108 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete URSE, MICHAEL F Name: Name: 8137 BISHOP'S CT. Address: Address: City-St-Zip: BROADVIEW HEIGHTS, OH 44147 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition MUSARRA, NANCY L Name: Name: Address: 8137 BISHOP'S CT. Address: City-St-Zip: BROADVIEW HEIGHTS, OH 44147 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PLATKO, WILLIAM G Name: Name: 6566 SUMMER WIND DR. Address: Address: City-St-Zip: BRECKSVILLE, OH 44141 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PLATKO, NICOLENE A Name: Address: 6566 SUMMER WIND DR. Address: City-St-Zip: BRECKSVILLE, OH 44141 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STOVSKY, RICHARD P Name: Name: 17325 BITTERSWEET TR Address: Address: City-St-Zip: CHAGRIN FALLS, OH 44023 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LAUDEL DAVID Name: Name: Address: 7369 ROLLING BROOK TR Address:

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.

City-St-Zip:

SIGNATURE: MICHAEL F. URSE MGRM 04/20/2009