

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048605

Entity Name: N & N REAL ESTATE LLC

FILED  
Apr 28, 2011  
Secretary of State

## Current Principal Place of Business:

800 LAUREL OAK DR.  
SUITE 600  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

800 LAUREL OAK DR.  
SUITE 600  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 20-2873704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.  
800 LAUREL OAK DRIVE  
#600 M&I BUILDING  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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  
Name: URSE, MICHAEL F  
Address: 8137 BISHOP'S CT.  
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

Title: MGRM  
Name: MUSARRA, NANCY L  
Address: 8137 BISHOP'S CT.  
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

Title: MGRM  
Name: PLATKO, WILLIAM G  
Address: 6566 SUMMER WIND DR.  
City-St-Zip: BRECKSVILLE, OH 44141

Title: MGRM  
Name: PLATKO, NICOLENE A  
Address: 6566 SUMMER WIND DR.  
City-St-Zip: BRECKSVILLE, OH 44141

Title: MGRM  
Name: STOVSKY, RICHARD P  
Address: 17325 BITTERSWEET TR  
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: MGRM  
Name: LAUDEL, DAVID  
Address: 7369 ROLLING BROOK TR  
City-St-Zip: SOLON, OH 44139

I hereby 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: URSE, MICHAEL F

MGRM

04/28/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date