

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120072

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** M AND N PROPERTIES OF GAINESVILLE, LLC

**Current Principal Place of Business:**

15008 NW 41ST AVENUE  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

15008 NW 41ST AVENUE  
NEWBERRY, FL 32669

**New Mailing Address:**

**FEI Number:** 16-1753435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAIER, FRANK P  
4041-B NW 37TH PLACE  
GAINESVILLE, FL 32606 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 ( ) Delete  
**Name:** MCPHERSON, CAROLYN H  
**Address:** 15008 NW 41ST AVENUE  
**City-St-Zip:** NEWBERRY, FL 32669 US

**Title:** MGRM ( ) Delete  
**Name:** NEWMANS, ED  
**Address:** POST OFFICE BOX 5425  
**City-St-Zip:** GAINESVILLE, FL 32602 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** CAROLYN H. MCPHERSON

MGRM

02/19/2007

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