## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000120072**

1. Entity Name

M AND N PROPERTIES OF GAINESVILLE, LLC



FILED
Mar 26, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

15008 NW 41ST AVENUE NEWBERRY, FL 32669 15008 NW 41ST AVENUE NEWBERRY, FL 32669



03232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1753435 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAIER, FRANK P 4041-B NW 37TH PLACE GAINESVILLE, FL 32606

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of ch	anging its registered office or regist	tered agent, or both, in the	State of Florida.	l am familiar with, ar	id accept
1.1 the obligations of registered agent.	,			•	-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	·			
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature requi	red when reinstating)	C	ATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCPHERSON, CAROLYN H 15008 NW 41ST AVENUE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWMANS, ED POST OFFICE BOX 5425 GAINESVILLE, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME- STREET ADDRESS CITY-ST-ZIP	

U00000870488 04/09/08-80083-024 138.75

## DO NOT WRITE IN THIS SPACE

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: / COUNTY SIGNATURE AND TYPED OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Design Design Phone #