2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # M01000002230

1. Entity Name
P&N REAL ESTATE INVESTMENTS, LLC



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business 3031 MOREWOOD RD FAIRLAWN, OH 44333-3517 Mailing Address 1700 W MARKET ST STE 312 AKRON, OH 44313



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 34-1961551 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

PRICE, MARK J 850 PARK SHORE DR. TRIANON CENTRE, 3RD FL NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the purpose of chan- tions of registered agent. | nging its registered | d office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept | <u> </u> |
|---|--|--|---|---|----------|
| Signature Signature, typed or printed name of registered agent and title if applicable. | | (NOTE. Registered Agent signature required when reinstating) | | DATE | |
| F) D | iling Fee is \$50.00 ue by May 1, 2006 | | • | | |
| 9, | MANAGING MEMBERS/MANAGERS | | | | _ |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGRM NOONAN, PAUL 3031 MOREWOOD ROAD FAIRLAWN, OH | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | U00000551044 05/13/06-80083-009 50.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | · | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME | | | | | |

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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-06

330-289-6313

Daytime Phon