


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90062 032 \*\*\*\*50.00

**DOCUMENT # L00000007016**

1. Entity Name  
NINEAV, L.L.C.



Principal Place of Business 1559 BREAKWATER TERRACE HOLLYWOOD, FL 33019	Mailing Address 1559 BREAKWATER TERRACE HOLLYWOOD, FL 33019
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**DO NOT WRITE IN THIS SPACE**



01132004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1014890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, SALOMON  
1559 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON, SALOMON 1559 BREAKWATER TERRACE HOLLYWOOD, FL 33019
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **27 April 2004** **(305) 215-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_