


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90019 036 ***138.75

DOCUMENT # L05000102946					
1. Entity Name NINEBEE, LLC					
Principal Place of Business 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224			Mailing Address 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3722147	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAPLEY, ROBERT A JR. 245 RIVERSIDE AVE., SUITE 400 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHRA, E. E JR.		NAME		
STREET ADDRESS	4310 PABLO OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, H J		NAME		
STREET ADDRESS	4310 PABLO OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, H.D.		NAME		
STREET ADDRESS	4310 PABLO OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, S.C.		NAME		
STREET ADDRESS	4310 PABLO OAKS COURT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKO, SCOTT		NAME		
STREET ADDRESS	4310 PABLO OAKS CT		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANO, A.D.		NAME	DAVIS, A DANO	
STREET ADDRESS	4310 PABLO OAKS COURT		STREET ADDRESS	4310 PABLO OAKS CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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: <i>Susan C Thorne</i>			Date: 4/16/08		Daytime Phone #: 904/223-7480
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30005065



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3722147

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAPLEY, ROBERT A JR.
245 RIVERSIDE AVE., SUITE 400
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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Signature, typed or printed name of registered agent and title if applicable.

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DATE

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P Delete

NAME ZAHRA, E. E JR.
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Change Addition

TITLE V Delete

NAME SKELTON, H J
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Change Addition

TITLE VS Delete

NAME FRANCIS, H.D.
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Change Addition

TITLE V Delete

NAME THORNE, S.C.
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Change Addition

TITLE V Delete

NAME OKO, SCOTT
STREET ADDRESS 4310 PABLO OAKS CT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE Change Addition

TITLE VT Delete

NAME DANO, A.D.
STREET ADDRESS 4310 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VT Change Addition

NAME DAVIS, A DANO
STREET ADDRESS 4310 PABLO OAKS CT
CITY-ST-ZIP JACKSONVILLE, FL 32224

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SIGNATURE: *Susan C Thorne* Date: 4/16/08 Daytime Phone #: 904/223-7480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE