2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # L02000005306** 04-21-2004 90449 033 ****50.00 9TH STREET L.L.C. Principal Place of Business Mailing Address 1200 SHETTER AVE 1200 SHETTER AVE JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 03092004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0618074 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AHEM, FRED L JR. DO NOT WRITE 2215 SOUTH THIRD STREET SUITE 101 IN THIS SPACE JACKSONVILLE BEACH, FL 32250 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGR BENNER, TIMOTHY J NAME ¥100 STREET ADDRESS 1200 SHETTER AVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 MGR TITLE KISCHMAN, ARTHUR NAME STREET ADDRESS 1200 SHETTER AVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

ED OR PRINTED NAME OF

FILED

904-273-1111