

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011448

1. Entity Name
NINE TO FIVE IMPORT EXPORT LLC



Principal Place of Business
1811 NW 51ST STREET, ~~MANAGER~~ 42D
FORT LAUDERDALE, FL 33309-7125

Mailing Address
1811 NW 51ST STREET, ~~MANAGER~~ 42D
FORT LAUDERDALE, FL 33309-7125



04012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1041109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLIN DEGREGORY
1811 NW 51ST STREET, MANAGER 42D
FORT LAUDERDALE, FL 33309-7125

**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

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, 2006**

000000513515
04/23/06-80153-001 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	DEGREGORY, COLIN
STREET ADDRESS	1811 NW 51ST STREET, MANAGER 42D
CITY-ST-ZIP	FORT LAUDERDALE, FL 333097125

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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:

Colin DeGregory

*APR 13 2006 954-958-9970

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

Date

Daytime Phone #