2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011448

NINE TO FIVE IMPORT EXPORT LLC



FILED Apr 30, 2007 08:00 All Secretary of State

Fee Required

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

04072007 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 65-1041109 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

COLIN DEGREGORY

DO NOT WOITE

1811 NW 51ST STREET, MANAGER 42D FORT LAUDERDALE, FL 33309-7125		_	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 rein	sslabng) DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME	D DEGREGORY, COLIN			
STREET ADDRESS	1811 NW 51ST STREET, MANAGER 42D			
CITY-ST-ZIP	FORT LAUDERDALE, FL 333097125			
TITLE NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
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TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE	
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP			Ucrio00244257	
TITLE NAME STPFET ADDRESS CITY-ST-ZIP			000000744257 05/15/07-80141-021 50.00	

11. Thereby 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trystee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: \(\frac{1}{2}\)

Co/lin DeGregory ED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

954-958-9970