

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000021833

1. Entity Name

PRINCETON (NINE) EXCHANGE ACCOMODATORS, LLC



FILED

04 APR 27 PM 4:39

Principal Place of Business

230 JOHN KNOX ROAD, SUITE TWO  
TALLAHASSEE FL 32303

Mailing Address

230 JOHN KNOX ROAD, SUITE TWO  
TALLAHASSEE FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

2. Principal Place of Business

1423 N. Bronough St.

3. Mailing Address

1423 N. Bronough St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

20-0905230

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, ARTHUR C.  
230 JOHN KNOX ROAD, SUITE TWO  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: GAY, Arthur C.  
Street Address (P.O. Box is Not Acceptable): 1423 N. Bronough St.  
City: Tallahassee, FL Zip Code: 32303

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

*Arthur C. Gay*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: GAY, ARTHUR C.  
STREET ADDRESS: 230 JOHN KNOX ROAD, SUITE 2  
CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: MGRM  
NAME: *MGRM*  
STREET ADDRESS: 1423 N. Bronough St.  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: 300034211843  
STREET ADDRESS: 04/28/04--01001--029 \*\*1000.00  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

*Arthur C. Gay*

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

4-27-04

Date

Daytime Phone #