

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005306

1. Entity Name

9TH STREET L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:55

Principal Place of Business

2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

1200 SHETTER AVE
Suite, Apt. #, etc.
JACKSONVILLE BEACH, FL

3. Mailing Address

1200 SHETTER AVE
Suite, Apt. #, etc.

City & State

FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

DUVAL

Zip

32250

Country

DUVAL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

77-0618074

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AHEM, FRED L JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

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

300025869999
12/31/03--01012--020 **150.00

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

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BENNER, TIMOTHY J
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KISCHMAN, ARTHUR
2111 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1200 SHETTER AVE
JACKSONVILLE BEACH, FL 32250 ☒ Change ☐ Addition

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

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☒ Change ☐ Addition

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

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:

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

SIGNATURE REQUIRED

12/29/03 (904) 545-2243
Date Daytime Phone #

CR2E083 (10/02)

0000413



Fort Lauderdale
Jacksonville
Miami
Orlando
Tallahassee
Tampa
West Palm Beach

50 North Laura Street
Suite 2500
Jacksonville, Florida 32202-3646
www.akerman.com
904 798 3700 *tel* 904 798 3730 *fax*
904 634 1690 *31st floor fax*

December 29, 2003

Sharon P. Mullin, Paralegal
904 598 8651
smullin@akerman.com

VIA FEDERAL EXPRESS

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Re: 2003 Limited Liability Company Uniform Business Report; 9th Street,
L.L.C.; Document #L02000005306**

Ladies/Gentlemen:

Enclosed please find the above-referenced report which we ask that you file on behalf of 9th Street, L.L.C., a Florida limited liability company. We have also enclosed a check payable to Florida Department of State in the amount of \$150.00 to cover the cost of filing the report.

Thank you for your cooperation and assistance.

Very truly yours,

AKERMAN SENTERFITT

Sharon P. Mullin, Paralegal

/spm
Enclosures