2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# L02000026238

Entity Name: NINTH AVENUE HOLDINGS, LLC

Current Principal Place of Business:

1320 N. 9TH AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

1320 N. 9TH AVENUE
PENSACOLA, FL 32503

Current Mailing Address:

1320 N. 9TH AVENUE
PENSACOLA, FL 32501

New Mailing Address:

1320 N. 9TH AVENUE
PENSACOLA, FL 32503

FEI Number: 01-0570888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, M. TODD
215 GRAND BOULEVARD STE. 101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BROOKS, PAUL D
Address: 1320 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGR (X) Delete
Name: SNELLGOVE, JON A
Address: 1320 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SNELLGROVE, JON A
Address: 1320 N NINTH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JON A. SNELLGROVE MGR 09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date