

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
04 JUN 25 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000023204					
1. Entity Name 9 1/2 LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1000 ADMIRALTY PARADE <small>Suite, Apt. #, etc.</small>			3. Mailing Address C/O JAD CONSULTING, LLC <small>Suite, Apt. #, etc.</small> 61 BROADWAY SUITE 1710		
City & State NAPLES, FLORIDA			City & State NEW YORK, NY		
Zip 34102		Country USA	Zip 10006		Country USA
DO NOT WRITE IN THIS SPACE			4. FEI Number 20-0105781		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name BRYANT YUNKER, JR.		
			Street Address (P.O. Box Number is Not Acceptable) 1000 ADMIRALTY PARADE		
			City NAPLES FL Zip Code 34102		
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 <u>X B.Y.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER BRYANT YUNKER, JR. 1000 ADMIRALTY PARADE NAPLES, FL 34102			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER NANCY B. YUNKER 1000 ADMIRALTY PARADE NAPLES, FL 34102			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER DOROTHY A. YUNKER 1000 ADMIRALTY PARADE NAPLES, FL 34102			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP	100038291561
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE 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 808, Florida Statutes.					
SIGNATURE: <u>X B.Y.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <u>6-24-04</u> <small>Date</small> (239) 263-7330 <small>Daytime Phone #</small>					

CR2E083B (12/02)



L 03 0000 23204

ACCOUNT NO. : 072100000032

REFERENCE : 777611 7423440

AUTHORIZATION :

COST LIMIT : \$ 56.00

ORDER DATE : June 25, 2004

ORDER TIME : 2:41 PM

ORDER NO. : 777611-005

CUSTOMER NO: 7423440

CUSTOMER: Mr. Joseph Demaio
Jad Consulting LLC
Suite 1710
61 Broadway
New York, NY 10006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: 9 1/2 LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd-EXT#2940

EXAMINER'S INITIALS: _____

RECEIVED
04 JUN 25 PM 4:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA