


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90019 007 ****55.00

DOCUMENT # L03000023209 1. Entity Name ST. PETERSBURG-NINTH, LLC					
Principal Place of Business 1401 LIVINGSTON LANE JACKSON, MS 39213			Mailing Address PO BOX 78 JACKSON, MS 39205		
2. Principal Place of Business 2600 DR M.L. KING JR Suite, Apt. #, etc. STREET NORTH #600		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State ST. PETERSBURG FL		City & State		4. FEI Number 55-0834624	
Zip 33704		Country US		Zip 33704	
Country US		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNEWEIN, JONATHAN P 3700 BANK OF AMERICA PLAZA 101 EAST KENNEDY BLVD. TAMPA, FL 33602			7. Name and Address of New Registered Agent Name F.H. LEE Street Address (P.O. Box Number is Not Acceptable) 2600 DR M L KING JR STREET NORTH SUITE 600 City ST. PETERSBURG FL Zip Code 33704		
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><i>F.H. Lee</i></u> MANAGING DIRECTOR <u><i>F.H. LEE</i></u> 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete SOUTHERN FARM BUREAU LIFE INSURANCE CO. 1401 LIVINGSTON LANE JACKSON, MS 39213		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition F.H. LEE 2600 DR M L KING JR STREET N #600 ST. PETERSBURG, FL 33704	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELBERT J. GOFORTH, JR. (SAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RYAN C. COCKMAN (SAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES E. COCKMAN (SAME)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>F.H. Lee</i></u> F.H. LEE			4-25-05 727-898-1600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		