

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031591

FILED
Jul 11, 2006
Secretary of State

Entity Name: THE TEN POINT NINE, LLC

Current Principal Place of Business:

7103 LILLIAN HIGHWAY
PO BOX 36061
PENSACOLA,, FL 32506 US

New Principal Place of Business:

3965 BAYWOODS DRIVE
PENSACOLA,, FL 32504 US

Current Mailing Address:

7103 LILLIAN HIGHWAY
PO BOX 36061
PENSACOLA,, FL 32506 US

New Mailing Address:

7103 LILLIAN HWY
PO BOX 36061
PENSACOLA,, FL 32506 US

FEI Number: 03-0536799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LEAHY, JOHN W MGR
4593 SOUNDSIDE DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

10.9 LLC
3965 BAYWOODS DRIVE
PENSACOLA, FL 32504 US

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: JOHN W LEAHY, MGR

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEAHY, JOHN
Address: 7103 LILLIAN HIGHWAY, PO BOX 36061
City-St-Zip: PENSACOLA,, FL 32506 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEAHY, JOHN W
Address: 3965 BAYWOODS DRIVE
City-St-Zip: PENSACOLA,, FL 32504 US

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: JOHN W LEAHY

MGR

07/11/2006

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