

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90023 001 \*\*\*\*50.00

20022500



03022006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000050263</b> 1. Entity Name <b>NINTH AVENUE PARTNERS, L.L.C.</b>					
Principal Place of Business <b>121 PALAFAX PLACE STE. C PENSACOLA, FL 32502-5635</b>			Mailing Address <b>121 PALAFAX PLACE STE. C PENSACOLA, FL 32502-5635</b>		
2. Principal Place of Business <b>900 NORTH 12<sup>TH</sup> AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>900 NORTH 12<sup>TH</sup> AVE</b> Suite, Apt. #, etc.			
City & State <b>PENSACOLA, FL</b> Zip <b>32501</b> Country <b>USA</b>		City & State <b>PENSACOLA, FL</b> Zip <b>32501</b> Country <b>USA</b>		4. FEI Number <b>20-0473404</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DICKSON, BARRY E</b> <del>121 PALAFAX PLACE STE. C</del> <b>900 NORTH 12<sup>TH</sup> AVE</b> <del>PENSACOLA, FL 32502-5635</del> <b>PENSACOLA, FL 32501</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DICKSON, BARRY E 121 PALAFAX PLACE STE. C PENSACOLA, FL 325025635		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	
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	
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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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			<b>3/26/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		