


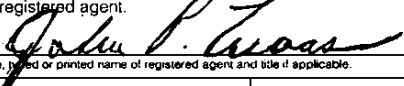

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 016 ****50.00

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DOCUMENT # L04000019741			
1. Entity Name EAST PALM NINE, L.L.C.		Principal Place of Business 88005 OVERSEAS HWY, PMB 10-162 ISLAMORADA, FL 33036	
2. Principal Place of Business		3. Mailing Address 1914 Forest Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2A	
City & State		City & State Annapolis, MD	
Zip	Country	Zip	Country
21401	USA	21401	USA
4. FEI Number 81-0646300		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUDOLPH, RONALD W ESQ 9200 S DADELAND BLVD, STE NO 308 MIAMI, FL 33156		Name John Maas Street Address (P.O. Box Number is Not Acceptable) 44 NE 16th Street City Homestead FL Zip Code 33030	
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 		DATE 2/28/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, ERNIE L 88005 OVERSEAS HWY, PMB-162 ISLAMORADA, FL 33036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gardner, Earnie L 1914 Forest Drive, Suite 2A Annapolis, MD 21401 <input checked="" 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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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.			
SIGNATURE: 		DATE 2/23/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	