

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000019934

1. Entity Name  
9 DEGREES NORTH, LLC



**FILED  
Apr 21, 2005 8:00 am  
Secretary of State**

04-21-2005 90029 001 \*\*\*\*55.00

20039750



04062005 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, SCOTT D 655 W. MORSE BLVD. SUITE 212 WINTER PARK, FL 32789		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Oliver		
STREET ADDRESS	2503 Ver Sailles		
CITY-ST-ZIP	Winter Park, FL 32789		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brett Lundeboom		
STREET ADDRESS	1433 Place Vendome		
CITY-ST-ZIP	Winter Park, FL 32789		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Daly		
STREET ADDRESS	506 Eagle Cr		
CITY-ST-ZIP	Curryberry, FL 32707		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.

SIGNATURE:

Thomas Daly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/07/05 407-740-7373

Date

Daytime Phone #