




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90015 041 ****55.00

DOCUMENT # L04000019934 1. Entity Name 9 DEGREES NORTH, LLC					
Principal Place of Business 913 N. PENNSYLVANIA AVE. WINTER PARK, FL 32789				Mailing Address 913 N. PENNSYLVANIA AVE. WINTER PARK, FL 32789	
2. Principal Place of Business 604 Courtland Street Suite, Apt. #, etc. 202 City & State Orlando, FL Zip Country 32804 Orange		3. Mailing Address 604 Courtland Street Suite, Apt. #, etc. 202 City & State Orlando, FL Zip Country 32804 Orange			
4. FEI Number 16-1700265				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CLARK, SCOTT D 655 W. MORSE BLVD. SUITE 212 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 OLIVER, MICHAEL 2503 VER SAILLES WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDEGUAM, BRETT 1438 PLACE VENDOM WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALY, THOMAS 506 EAGLE CIR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, Michael 2142 Chinook Trail Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDEGUAM, BRETT 1438 PLACE VENDOM WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALY, THOMAS 506 EAGLE CIR CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVER, Michael 2142 Chinook Trail Maitland, FL 32751	<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.					
SIGNATURE:  MICHAEL OLIVER 4/11/06 407-740-7373 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					