

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029428

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: NINE STREET MANAGEMENT, LLC

## Current Principal Place of Business:

7070 S.W. 9 STREET  
MIAMI, FL 33144

## New Principal Place of Business:

7070 S.W. 9 STREET  
UNIT 104  
MIAMI, FL 33144

## Current Mailing Address:

7070 S.W. 9 STREET  
MIAMI, FL 33144

## New Mailing Address:

7070 S.W. 9 STREET  
UNIT 104  
MIAMI, FL 33144

FEI Number: 20-1008068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOHATCH, JOHN S  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GONZALEZ, ARIEL  
7070 S.W. 9 STREET  
UNIT 104  
MIAMI, FL 33144 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: ARIEL GONZALEZ

02/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GONZALEZ, ARIEL TRUSTEE  
Address: 7070 S.W. 9 STREET  
City-St-Zip: MIAMI, FL 33144

Title: MGRM ( ) Delete  
Name: GONZALEZ, MARISOL  
Address: 7070 S.W. 9 STREET  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARISOL GONZALEZ

MGRM

02/13/2009

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