2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000050418

1. Entity Name 9NC LEASING LLC

Principal Place of Business

2251 BLOUNT ROAD POMPANO BEACH, FL 33069 Mailing Address

2251 BLOUNT ROAD POMPANO BEACH, FL 33069

FILED Jan 28, 2008 08:00 AM Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-1334109		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Reg	Additional uired

6. Name and Address of Current Registered Agent

REINSTEIN, JOEL ESQ. 925 S. FEDERAL HIGHWAY, SUITE 325 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 the if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
File After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	· · · · · · · · · · · · · · · · · · ·	01/30/08-80085-019 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE REID FAMILY LIMITED PARTNERSHIP 4375 SACNTUARY LANE BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE HAME STREET ADDRESS CITY-SY-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby	pereby 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			

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:

MENTATIVE

08

954 977 4211

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

Daytime Phon