2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L04000057473

Entity Name: MARKET PLACE IX, LLC

Current Principal Place of Business:

459 MARKET PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

3500 SW CORPORATE PARKWAY
PALM CITY, FL 34990

Current Mailing Address:

3500 SW CORPORATE PKWY
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-1446554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SABIN, CHARLES H
3500 SW CORPORATE PARKWAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SABIN COMPANIES, INC.
Address: 3500 SW CORPORATE PARKWAY
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete
Name: MARTIN, JAMES W
Address: 4102 EMERSON ST
City-St-Zip: WILMINGTON, NC 28403

Title: MGRM ( ) Delete
Name: EJUPS, ALDIS
Address: 3500 SW CORPORATE PKWY.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

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

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: CHARLES H SABIN MGRM 03/16/2009

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