FILED
Apr 09, 2007 8:00 am
Secretary of State
03-01-2007 90194 010 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086477

1. Entity Name
9069 LLC

SCANNED
30004419

Principal Place of Business	Mailing Address
~~121 ISLAND COVE WAY~~ 13 ST George Place PALM BEACH GARDENS, FL 33418	~~121 ISLAND COVE WAY~~ 13 ST George Place PALM BEACH GARDENS, FL 33418

02162007 Chg-LLC CR2E063 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 20-8771447 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BALLERAND, JAMES A JR 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483-7203	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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANDELSON, PATTIANN ~~121 ISLAND COVE WAY~~ 13 ST George Place PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X Patti Ann Handelson X 2-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Patte Ann Handelson 4/5/07

ATTACHMENT

Issued EIN 30044419

#L040000864 77

Internal Revenue Service The Digital Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number

20-8771427

Today's Date is: April 04, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4 | Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT

30004419

L04000086477

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 20-8771427

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
JORB LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
[illegible] GEORGE PLACE

5a Street address (if different) (Do not enter a P.O. box)

4b City, state, and ZIP code
PALM BEACH GARDENS FL 33418 - 5773

5b City, state, and ZIP code

6 County and state where principal business is located
PALM BEACH State FL

7a Name of principal officer, general partner, grantor, owner, or trustor
[illegible]WILLIAM HANDELSON

7b SSN, ITIN, or EIN
132-40-3842

8a Type of entity (check only one)

- Sole proprietor (SSN)
- Partnership
- Corporation (enter form number to be filed) ▶
- Personal Service
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- [x] Other (specify) ▶ DISREGARDED ENTITY
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Trust (SSN of grantor)
- National Guard
- Farmers cooperative
- REMIC
- Group Exemption No. (GEN) ▶
- State/local government
- Federal government/military
- Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State FL; Foreign country

9a Reason for applying (check only one)

- [x] Started new business (specify type) ▶ REAL ESTATE
- Hired employees (Check the box and see line 12)
- Compliance with IRS withholding regulations
- Other (specify) ▶
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
DEC 1 2004

11 Closing month of accounting year
DEC

12 First date wages or annuities were paid or will be paid (month, day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months. *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶

Agricultural	Household	Other
0	0	0

14 Check box that best describes the principal activity of your business.

- Construction
- Rental & leasing
- Transportation & warehousing
- Health care & social assistance
- Wholesale-agent/broker
- [x] Real estate
- Manufacturing
- Finance & insurance
- Accommodation & food service
- Retail
- Wholesale-other
- Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes [x] No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
CARL P WILLFORD JR CPA

Designee's telephone number (include area code)
(910) 452 - 4040

Address and ZIP code
3329C WRIGHTSVILLE AVE WILMINGTON NC 28403 -

Designee's fax number (include area code)
(910) 450 - 9090

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Applicant's telephone number (include area code)
(561) 775 - 2516

Name and title (type or print clearly) ▶

Applicant's fax number (include area code)
(561) 775 - 2741

Signature ▶ Not Required Date ▶ April 04, 2007 GMT