


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-02-2006 90091 011 ****50.00

DOCUMENT # L05000036574					
1. Entity Name 9TH & MAIN, LLC					
Principal Place of Business 1830 N. MAIN STREET, SUITE 5 JACKSONVILLE, FL 32206			Mailing Address 1830 N. MAIN STREET, SUITE 5 JACKSONVILLE, FL 32206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUTSMAN & THAMES, P.A. 121 W. FORSYTH STREET, SUITE 600 JACKSONVILLE, FL 32202			Name: <u>Craig Van Horn</u> Street Address (P.O. Box Number is Not Acceptable): <u>1830 N. Main Street</u> City: <u>Jacksonville</u> FL <u>32206</u>		
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. To: <u>Managing member</u> SIGNATURE: <u>Craig Van Horn</u> DATE: <u>1-20-06</u> <small>(Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered agent signature required when reinstating))</small>					
2. 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1-20-06</u> Daytime Phone #: <u>904 777 0963</u>		

30001035



01202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1121186 Applied For ☐ Not Applicable ☐

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



ATTACHMENT

30001035

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

9TH & MAIN, LLC
1830 N. MAIN STREET, SUITE 5
JACKSONVILLE, FL 32206

Subject: 9TH & MAIN, LLC

Reference Number: L05000036574

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION