


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90045 032 ***138.75

DOCUMENT # L05000068638 1. Entity Name 2420 EAST NINE MILE ROAD, LLC					
Principal Place of Business 26 WINTER VALLEY DRIVE FENTON, MO 63026 US			Mailing Address 26 WINTER VALLEY DRIVE FENTON, MO 63026 US		
2. Principal Place of Business - No P.O. Box # 5648 Dunbar Circle		3. Mailing Address 5648 Dunbar Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Milton Fla		City & State Milton Fla		4. FEI Number 20-3141158	
Zip 32583		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, LINDA M 2326 COPTER ROAD PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Beggs and Lane RLLP Street Address (P.O. Box Number is Not Acceptable) 501 Commendancia Street City Pensacola FL Zip Code 32502		
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 <u>[Signature]</u> <u>Beggs and Lane RLLP</u> <u>8/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANIS, VICTORIA L 26 WINTER VALLEY DRIVE FENTON, MO 63026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Victoria L. Kanis 5648 Dunbar Circle Milton Fla 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, LINDA M 8225 FATHOM ROAD PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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>			<u>8/24/08</u> <u>850-994-7019</u> <small>Date Daytime Phone #</small>		