2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072869

City-St-Zip:

CLEWISTON, FL 33440

Entity Name: NINE MILE INVESTMENTS, LLC

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1205 440 E. HAITI AVENUE CLEWISTON, FL 33440 CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** P.O. BOX 1205 440 E. HAITI AVENUE CLEWISTON, FL 33440 CLEWISTON, FL 33440 FEI Number: 20-3248143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER, LUAN 100 SOUTH BERNER ROAD CLEWISTON, FL 33440 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BERNER, CARL E Name: Name: Address: P.O. BOX 1205 Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WALKER, SAMUEL J Name: Address: 708 ROYAL PALM AVENUE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WALKER, LUAN Name: Name: 708 ROYAL PALM AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: LUAN WALKER MGRM 03/24/2009