

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90046 041 ****50.00

DOCUMENT # L05000079044

1. Entity Name
AB9G, LLC



Principal Place of Business
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

Mailing Address
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461



2. Principal Place of Business
82 S. Barrett Square
Suite, Apt. #, etc.
Suite 2A

3. Mailing Address
P.O. Box 611296
Suite, Apt. #, etc.

03092006 Chg-LLC CR2E083 (11/05)

City & State
Rosemary Beach, FL
Zip
FL 32461 Country
U.S.

City & State
Rosemary Beach, FL
Zip
32461 Country
U.S.

4. FEI Number
20-3301910
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEITLIN, BRAD
8 GEORGETOWN AVENUE
SUITE 8A, 1ST FLOOR
ROSEMARY BEACH, FL 32461

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
82 S. Barrett Square
Suite 2A
City Rosemary Beach FL Zip Code
32461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	MGR MOSAIC CAPITAL PARTNERS II, LLC 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR New Orchard Group, LLC 82 S. Barrett Square, Suite 2A Rosemary Beach, FL 32461 <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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Judd Jackson

4/3/06

Date

850-231-0850

Daytime Phone #