


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079044 1. Entity Name AB9G, LLC	
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Principal Place of Business 82 S BARRETT SQUARE SUITE 2A ROSEMARY BEACH, FL 32461	Mailing Address P O BOX 611296 ROSEMARY BEACH, FL 32461
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DO NOT WRITE IN THIS SPACE



01292007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3301910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZEITLIN, BRAD
82 S BARRETT SQUARE
SUITE 2A
ROSEMARY BEACH, FL 32461

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEW ORCHARD GROUP LLC 82 S BARRETT SQUARE STE 2A ROSEMARY BEACH, FL 32461
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05/09/07-80129-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/16/07** **850.231.4850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #