


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90060 003 ****50.00

DOCUMENT # L06000043481	
1. Entity Name HART CENTERS NINE, LLC	

Principal Place of Business 572 STAGE COACH ROAD FAYSTON, VT 05673	Mailing Address 572 STAGE COACH ROAD FAYSTON, VT 05673
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60044183



2. Principal Place of Business - No P.O. Box # 5821 Lake Worth Road Suite, Apt. #, etc.	3. Mailing Address 5821 Lake Worth Road Suite, Apt. #, etc.
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04272007 Chg-LLC CR2E083 (12/06)

City & State Greenacres, FL	City & State Greenacres, FL	4. FEI Number 20-5492909	Applied For <input type="checkbox"/> Not Applicable
Zip 33463	Country USA	Zip 33463	Country USA

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

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent Name Peter S. Sidel Street Address (P.O. Box Number is Not Acceptable) 5821 Lake Worth Road City Greenacres FL Zip Code 33463	
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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 *Peter S. Sidel* DATE 04/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**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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**MGRM
JBH Limited Company, Ltd.
5821 Lake Worth Road
Greenacres, FL 33463**

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: *Paul Forberger* **Paul Forberger, VP of GP** DATE 04/27/07 DAYTIME PHONE # 561-966-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE