


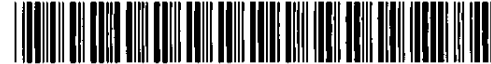
**2008 LIMITED-LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L06000057047</b><br>1. Entity Name<br><b>ROCHELLE HOLDINGS IX, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1900 SUMMIT TOWER BLVD., STE. 820<br/>ORLANDO, FL 32810</b> | Mailing Address<br><b>1900 SUMMIT TOWER BLVD., STE. 820<br/>ORLANDO, FL 32810</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC      CR2E083 (12/07)

|   |  |
|---|--|
| 4. FEI Number<br><b>42-1707237</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**PAYNE, CONNIE JO**  
**1900 SUMMIT TOWER BLVD., STE. 820**  
**ORLANDO, FL 32810**

**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 \_\_\_\_\_

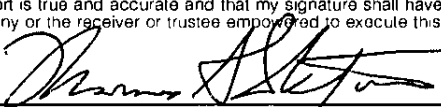
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>PAYNE, CONNIE JO<br/>1900 SUMMIT TOWER BLVD., STE. 820<br/>ORLANDO, FL 32810</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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05/29/08-80087-013-138.75

**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:**  **4-28-08** **407-875-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #