2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# L06000074055

Entity Name: SLIP NINE, LLC

Current Principal Place of Business:

C/O CHEFFY PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

3606 ENTERPRISE AVENUE
NAPLES, FL 34104

Current Mailing Address:

C/O CHEFFY PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE 201
NAPLES, FL 34102

New Mailing Address:

3606 ENTERPRISE AVENUE
NAPLES, FL 34104

FEI Number: 20-5275507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
C/O CHEFFY PASSIDOMO, ET AL
821 FIFTH AVE. SOUTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: BARBER, DONALD R
Address: 3606 ENTERPRISE AVENUE
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DONALD R. BARBER MGR 04/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date