

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090998

Entity Name: BFAM IX LLC

FILED
Mar 15, 2009
Secretary of State

Current Principal Place of Business:

4736 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

163 PALENCE VILLAGE DRIVE
SUITE 101
ST. AUGUSTINE, FL 32095

Current Mailing Address:

4736 BLANDING BLVD.
JACKSONVILLE, FL 32210

New Mailing Address:

920 FIDDLERS CREEK ROAD
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-5711246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALL, GEORGE H
4736 BLANDING BOULEVARD
JACKSONVILLE, FL 32210 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: MGR () Delete
Name: PESANTE, DAVID A
Address: 4736 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: LEEBY, JOHN D
Address: 4736 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: LEEBY, JOHN D
Address: 4736 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: PESANTE, DAVID A
Address: 4736 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PESANTE, DAVID A
Address: 1245 WOODSCHURCH LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGR (X) Change () Addition
Name: LEEBY, JOHN D
Address: 920 FIDDLERS CREEK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T (X) Change () Addition
Name: LEEBY, JOHN D
Address: 920 FIDDLERS CREEK ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change () Addition
Name: PESANTE, DAVID A
Address: 1245 WOODCHURCH LN.
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify 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: JOHN D. LEEBY

S

03/15/2009

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