

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015020

Entity Name: 689 NINE MILE, LLC

FILED  
May 22, 2008  
Secretary of State

**Current Principal Place of Business:**

16625 DOVE CANYON ROAD, #106  
SAN DIEGO, CA 92127

**New Principal Place of Business:**

17150 VIA DEL CAMPO STE 205  
SAN DIEGO, CA 92127

**Current Mailing Address:**

16625 DOVE CANYON ROAD, #106  
SAN DIEGO, CA 92127

**New Mailing Address:**

17150 VIA DEL CAMPO STE 205  
SAN DIEGO, CA 92127

FEI Number: 20-8420345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITH, DOUGLAS L ESQ.  
BURKE, BLUE, HUTCHISON, WALTERS & SMITH PA  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 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: STRUYK, TONY  
Address: 16625 DOVE CANYON ROAD, #106  
City-St-Zip: SAN DIEGO, CA 92127

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRUYK, TONY  
Address: 17150 VIA DEL CAMPO STE 205  
City-St-Zip: SAN DIEGO, CA 92127

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: TONY STRUYK

MBR

05/22/2008

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