

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90080 003 \*\*\*143.75

|  |  |                           |  |   |  |
|--|--|---------------------------|--|---|--|
| <b>DOCUMENT # L07000059657</b>   |  |                           |  |   |  |
| <b>1. Entity Name</b><br>ELEVEN NINE ELEVEN, LLC   |  |                           |  |   |  |
| <b>Principal Place of Business</b><br>4700 NW BOCA RATON BLVD., SUITE 101<br>BOCA RATON, FL 33431-4860   |  |                           | <b>Mailing Address</b><br>4700 NW BOCA RATON BLVD., SUITE 101<br>BOCA RATON, FL 33431-4860   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |  | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |  |   |  |
| City & State   |  | City & State              |  |   |  |
| Zip  | Country  | Zip                       | Country  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SCHWARTZ, ROBERT M<br>4700 NW BOCA RATON BLVD., SUITE 101<br>BOCA RATON, FL 33431-4860   |  |                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| <b>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.</b>   |  |                           |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |  |                           |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                           | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>MOSKIN, SIDNEY M.<br>4700 NW Boca Raton Blvd., Ste. 101<br>BOCA RATON, FL 33431-4860 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |                           |  |   |  |
| <b>SIGNATURE:</b> _____  |  |                           | _____  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                           | Date   |   |  |
| _____  |  |                           | _____  |   |  |