2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042870

Entity Name: GREY CLOUD NINE, LLC

333 CAMINO GARDENS BLVD., SUITE 100

BOCA RATON, FL 33432 US

Address:

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|---|---------------------------------------|--|
| 333 CAMINO GARDENS E | BLVD. | | | |
| SUITE 100 BOCA RATON, FL 33432 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 333 CAMINO GARDENS E | BLVD. | | | |
| SUITE 100 BOCA RATON, FL 33432 | US | | | |
| FEI Number: 26-2569596 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | | |
| BATES, DAWN 333 CAMINO GARDENS E SUITE 100 BOCA RATON, FL 33432 | | | | |
| The above named entity su in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Age | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | ADDITIONS/CHANGES: | |
| Title: MGR ()[| Delete | Title: | () Change () Addition | |

Address:

City-St-Zip:

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: DAWN BATES MGR 04/13/2009