

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90431 011 ****50.00

20011216



DOCUMENT # L98000000091 1. Entity Name THIRD AND NINTH GENERAL PARTNER, L.C.					
Principal Place of Business 900 SE 3RD AVE. #200 FORT LAUDERDALE, FL 33316			Mailing Address 1815 CORDOVA ROAD, #210 FORT LAUDERDALE, FL 33316		
2. Principal Place of Business 1815 Cordova Rd. Suite, Apt. #, etc. 210 City & State Ft. Lauderdale, FL Zip 33316 Country USA		3. Mailing Address 1815 Cordova Rd. Suite, Apt. #, etc. 210 City & State Ft. Lauderdale, FL Zip 33316 Country USA		02082006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 65-0878451				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LOOS, JOHN T 1815 CORDOVA ROAD #210 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOOS, JOHN T 1815 CORDOVA ROAD, STE 210 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN, PETER G 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			SIGNATURE _____ Date 2/17/06 954-522-4500		