2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000186 1. Entity Name NINE FORTY, L.C.					FILED 00 JAN 28 PM 4: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address					- TALLA	HASSEE, FLORIDA
Principal Place of Business 940 NORTH HIGHLAND AVENUE ORLANDO FL 32803		940 NORTH HIGHLAND AVENUE ORLANDO FL 32803-3237		1	=	
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Principal Place of Business 3. Mailing Address						
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		LO NOT WRITE IN THIS SPACE		
City & Stat	e .	City & State		4. FEI Number	Applied For	
Zip	Country	Zip	Zip Cour		5. Certificate of Status Desired	\$5.00 Additional Fee Required
_ :	6. Name and Address of Current	7Name and Address of New Reg	istered Agent =			
•	RICHARD H JR.	Street Address (P.O. Box Number is Not Acceptable)		
	TH HIGHLAND AVENUE FL 32803					
				City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered.					red agent, or both, in the State of Florid	_
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$50.00						
		Make Check Pa			of State	
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADDITIONS/CF	HANGES
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 SEQUIRED 1/26/00						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone *						