

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 025 ****50.00

DOCUMENT # M01000001493

1. Entity Name

9TH AVENUE-PENSACOLA, LLC

Principal Place of Business

**601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

Mailing Address

**601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

081126

2. Principal Place of Business

8 South Fort Harrison 8 S Fort Harrison

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33756

Country

4. FEI Number

59-3632842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ELLENBURG, GERALD D
 601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **Ellenburg, Gerald D**

Street Address (P.O. Box Number is Not Acceptable)

8 S. Fort Harrison

City

Clearwater

FL

Zip Code

33756

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ELLENBURG, GERALD D**
 STREET ADDRESS **601 CLEVELAND ST., SUITE 240**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Matrix Lodging LLC** ☐ Change ☒ Addition
 NAME **8 S. Fort Harrison**
 STREET ADDRESS **Clearwater FL 33756**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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:

SIGNATURE

Gerald D Ellenburg, Chairman

Managing Member

9-16-02 (727) 446-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)