

FILED
May 04, 2007 08:00 A
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004132					
1. Entity Name TP NINE LLC					
Principal Place of Business 401 S DUPONT HIGHWAY GEORGETOWN, DE 19947			Mailing Address 3950 RCA BLVD STE 5000 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TOWNSEND, P. COLEMAN JR 401 S DUPONT HWY GEORGETOWN, DE 19947	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000761956 05/25/07-80078-003 50.00	☐ Change ☐ Addition
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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 606, Florida Statutes.					
SIGNATURE: <u>George C. White</u>			4/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		