


FILED  
Mar 11, 2008 8:00 am  
Secretary of State

03-11-2008 90130 012 \*\*\*138.75

2008 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 # 22855 Dupont Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Georgetown, DE		City & State	
Zip 19947	Country USA	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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 <del>401 S DUPONT HWY</del> 22855 Dupont Blvd GEORGETOWN, DE 19947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 60B, Florida Statutes.			
SIGNATURE: <u>George C. White</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>2/22/08</u> Daytime Phone #: <u>302-855-7104</u>	