2008 ÉIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # M04000005637** 1. Entity Name TWO NINE LLC Principal Place of Business Mailing Address 8710 COLLEGE PARKWAY 8710 COLLEGE PARKWAY FORT MYERS, FL 33919 FORT MYERS, FL 33919 04112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3164964 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAGAN ABBOTT II DO NOT WRITE 8710 COLLEGE PARKWAY FORT MYERS, FL 33919 IN THIS SPACE 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 (1000000910094 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 95/06/08-80095-023 138.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE KAGAN, ABBOTT II NAME STREET ADDRESS 8710 COLLEGE PARKWAY CITY - ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C/TY-ST-7/P TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-7IP TILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ling does not qualify for the exemptions contained in Chapter 119, Florida Statutes + further certify that the information by signifying small have the same legal effect as if made under oath; that I am a managing member or manager of the discrete this report as required by Chapter 608, Florida Statutes. I hereby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee em SIGNATURE:

FILED