## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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

## Mar 22, 2006 8:00 am **Secretary of State DOCUMENT # L00000006793** 03-22-2006 90288 022 \*\*\*\*55.00 1. Entity Name 600 L.C. Principal Place of Business Mailing Address 1885 WEST HWY 520 707 S. WASHINGTON BLVD. COCOA, FL 32926 ATN: CFO SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 65-1016920 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Ø Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 -Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change Addition 5COTT DE MASSO NAME 1099 MANAGEMENT COMPANY, L.L.C. NAME 707 SOUTH WASHINGTON BOULEVARD STREET ADDRESS STREET ADDRESS 1085 WEST HWY 520 CITY - ST - ZIP SARASOTA, FL 34236 CITY ST. 7IP COCOA F1 32926 TITLE Delete 2 9 V TITLE Change Addition JOHO TOSCH 707 S. WASHINGTON BUDD NARVAEZ, CHRISTOPHER R NAME NAME STREET ADDRESS 707 SO WASHINGTON BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 SALASOTA FT SY 234 CITY-ST-7IP CNT TITLE ☐ Delete TITLE ☐ Change Addition UCENDA G. BUCHANAN 707 S. WASHINGTON DLUD NAME SLATER, DENNIS NAME 707 SOUTH WASHINGTON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- 7/P 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 restee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

2-15-06