2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90616 009 ****55.00

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DOCUMENT # L00000006793

1. Entity Name
600 L.C.

Principal Place of Business	Mailing Address
1700 E. MERRITT ISLAND CSWY. MERRITT ISLAND, FL 32952	1700 E. MERRITT ISLAND CSWY. MERRITT ISLAND, FL 32952

2. Principal Place of Business	3. Mailing Address
1885 West Hwy 520	707 So. Washington Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: CFO
City & State: Cocoa, FL	City & State: Sarasota, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1016920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOSCH, JOHN E ESQ.
707 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236

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 ______________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM 1099 MANAGEMENT COMPANY, L.L.C. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SALVATORE, ROSA 707 SOUTH WASHINGTON BLVD. SARASOTA, FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Salvatore Rosa — Salvatore Rosa, Treasurer — 04/01/2003 — (941) 366-5230 Ext. 141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #