

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90103 010 \*\*\*\*50.00

**DOCUMENT # L01000017128**

1. Entity Name  
**SOUTH BAY DEVELOPERS VI, L.C.**



Principal Place of Business  
**50 WEST MASHTA DRIVE, SUITE 2  
KEY BISCAYNE, FL 33149**

Mailing Address  
**50 WEST MASHTA DRIVE, SUITE 2  
KEY BISCAYNE, FL 33149**

**20052291**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**65-1152924**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORTES, ROBERTO  
ALLEGIANCE PARTNERS  
50 WEST MASHTA DRIVE, SUITE 2  
KEY BISCAYNE, FL 33149**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete  
NAME **CORTES, ROBERTO**  
STREET ADDRESS **50 WEST MASHTA DRIVE, SUITE 2**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Allegiance Partners Inc.**  
STREET ADDRESS **50 W Mashta Drive Suite # 2**  
CITY-ST-ZIP **Key Biscayne FL 33149**

TITLE **MGR** ☒ Delete  
NAME **WESTON, ERNESTO H**  
STREET ADDRESS **50 W. MASHTA DRIVE STE 2**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **WELCON HOLDING, LLC**  
STREET ADDRESS **50 W Mashta Drive Suite # 2**  
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

**A-26-05**

Date

**(305) 365-7676**

Daytime Phone #