

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90240 027 \*\*\*\*\*50.00

30010982



1st MOORE CR2E083 (10/05)

DOCUMENT # L04000054473					
1. Entity Name 1611 6TH AVE, LLC					
Principal Place of Business 6913 HARNEY ROAD TAMPA FL 33617			Mailing Address 6913 HARNEY ROAD TAMPA FL 33617		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SULLIVAN, STEPHEN C 11603 LIPSEY ROAD TAMPA FL 33618			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNEY, DENNIS		NAME		
STREET ADDRESS	6913 HARNEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNEY, SEAN		NAME		
STREET ADDRESS	6913 HARNEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARNEY, DAN		NAME		
STREET ADDRESS	6913 HARNEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTUCCI, DAN		NAME		
STREET ADDRESS	6913 HARNEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.					
SIGNATURE: _____ DATE: 6/14/06 DAYTIME PHONE # _____					