
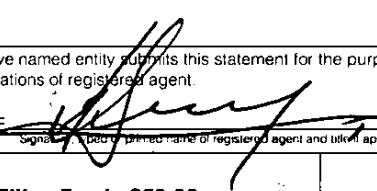
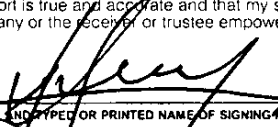


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90012 037 \*\*\*\*50.00

<b>DOCUMENT # L04000069171</b> 1. Entity Name <b>MESQUITA SIX, LLC</b>					
Principal Place of Business <b>22672 PICKEREL CIRCLE</b> <b>BOCA RATON, FL 33428 US</b>			Mailing Address <b>22672 PICKEREL CIRCLE</b> <b>BOCA RATON, FL 33428 US</b>		
2. Principal Place of Business <b>23038 Sandalfoot Plaza Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>23038 Sandalfoot Plaza Dr.</b> Suite, Apt. #, etc.			
City & State <b>Boca Raton, FL.</b>		City & State <b>Boca Raton, FL.</b>		4. FEI Number <b>20-2652150</b>	
Zip <b>33428</b>		Country <b>U.S.A.</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MESQUITA, MARIO</b> <b>22672 PICKEREL CIRCLE</b> <b>BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>21722 FAIR RIVER DR.</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33428</b>		
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  <b>MARIO MESQUITA</b> <span style="float: right;">4-26-06</span> <small>Signature of the person named in the statement of the registered agent and, if applicable, the registered agent (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MESQUITA, MARIO 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MESQUITA, MARIO 21722 FAIR RIVER DRIVE BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARLINI, NATASHA 22672 PICKEREL CIRCLE BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARLINI, NATASHA 21722 FAIR RIVER DR. BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes					
SIGNATURE:  <b>MARIO MESQUITA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-26-06</b> (SGL) 305-46064 <small>Daytime Phone #</small>		