


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90022 037 ****50.00

DOCUMENT # L06000112976

1. Entity Name
 SIX MILE DEVELOPMENT, LLC



60041788

Principal Place of Business Mailing Address
 % ROBERT D. ROYSTON JR. @ COSTELLO & ROYSTO % ROBERT D. ROYSTON JR.
 12670 NEW BRITTANY BLVD., STE. 101 P.O. DRAWER 60205
 FORT MYERS, FL 33907 FORT MYERS, FL 33906



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
~~14241~~ Metropolis Avenue
~~14241~~

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite ~~201~~ 101

City & State City & State
 Fort Myers, FL

Zip Country Zip Country
 33912

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-5951129 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROYSTON, ROBERT D. JR.
 12670 NEW BRITTANY BLVD., STE. 101
 FORT MYERS, FL 33907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ENNER, WILLIAM C	
STREET ADDRESS	14241 METROPOLIS AVENUE, STE. 201	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MIP III, LLC	
STREET ADDRESS	13350 METRO PARKWAY, STE. 102	
CITY-ST-ZIP	FT. MYERS, FL 33966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William C Enner 4-16-07 239-454-9154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #