



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90067 043 ***138.75

DOCUMENT # L06000112976					
1. Entity Name SIX MILE DEVELOPMENT, LLC					
Principal Place of Business 14421 METROPOLIS AVE STE 101 FORT MYERS, FL 33912			Mailing Address % ROBERT D. ROYSTON JR. P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # 14311 Metropolis Ave		3. Mailing Address 14311 Metropolis Ave			
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Fort Myers, FL		City & State Fort Myers, FL		01092008 Chg-LLC CR2E083 (12/06)	
Zip 33912		Country		4. FEI Number 20-5951129	
Zip 33912		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: William Ennen Street Address (P.O. Box Number is Not Acceptable): 14311 Metropolis Ave Suite 101 City: Fort Myers FL Zip Code: 33912		
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: <u>William C Ennen</u> DATE: <u>1-12-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENNER, WILLIAM C 14241 METROPOLIS AVENUE, STE. 201 FT. MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14311 Metropolis Ave Suite 101 Fort Myers FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIP III, LLC 13350 METRO PARKWAY, STE. 102 FT. MYERS, FL 33966	<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>William C Ennen</u>			Date: <u>1-12-08</u>		Daytime Phone #: <u>739-454-9157</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>