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DOCUN 1. Entity Name	MENT # M99000	001309					
•	RVCO #6 LLC				FILED		
				01	SEP -6 PM 12: 17	7	
Principal Place	of Business	Mailing Address					
C/O TGM ASS 650 FIFTH AVE NEW YORK NY	NUE. 28TH FLOOR	C/O TGM ASSOCIATES 650 FIFTH AVENUE, 281 NEW YORK NY 10019			CRETARY OF STATE LAHASSEE, FLORIDA	<b>44</b> 511 <b>1819</b> 1 (1 <b>888</b> 1811) (	16116 (111) ( <b>123</b> )
2. Principal Pla	ace of Business	3. Mailing Address					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State		City & State		4. FEIN	Number 13-4061750		pplied For
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$5.00 44	itional
	6. Name and Address of Current F	Registered Agent		7. Nam	e and Address of New Registe	ered Agent	
	والغاز والمرابعة يستعلق الأراب المرابي والمستع		Name		*	<u></u>	-
	PORATION SERVICE COMPANY 1 HAYS STREET		Street Add	ress (P.O. Box I	Number is Not Acceptable)	<u>-</u>	
TAL	LAHASSEE FL 32301-2525						
			City			FL Zip Cod	е
	signature, typed or printed name of registered agent a	nd title if applicable. (No	OTE: Registered Agent signature	required when reinstal	ling) D	ATE .	
	sgrieture, typed of printed haire or registered agent a	FILE I Make Check i	NOW!!! FEE IS \$50 Payable to Department	0.00 ent of State	50000460 -09/20/01-		4 317
		FILE I Make Check I Due I	NOW!!! FEE IS \$50 Payable to Departm By September 26, 20	0.00 ent of State	50000460 -09/20/01- *****50.0	2125-  -010320	<b>4</b>
9.	MANAGING MEMBEI	FILE I Make Check I Due I RS/MANAGERS	NOW!!! FEE IS \$50 Payable to Departm By September 26, 20	0.00 ent of State	50000460 -09/20/01-	12125- 01032( 10 ******	4 317
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CITY-ST-ZIP

8/21/01 (212) 830-9300

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.

CITY-ST-ZIP

SIGNATURE: