



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Space Coast

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DOCUMENT # L00000006793 1. Entity Name 600 L.C.						FILED 07 MAR 16 PM 1:47 ALTAIR DISTRICT OF STATE TALLAHASSEE, FLORIDA 		
Principal Place of Business 1885 WEST HWY 520 COCOA, FL 32926				Mailing Address 707 S. WASHINGTON BLVD. ATN: CFO SARASOTA, FL 34236				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 50 Central Ave. Suite 900 Sarasota, FL 34236		02202007 Chg-LLC CR2E083 (12/06)				
City & State		City & State		4. FEI Number 65-1016920		Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent TOSCH, JOHN E ESQ. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name 50 Central Ave. Suite 900 (acceptable) Sarasota, FL 34236 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 1099 MANAGEMENT COMPANY, L.L.C. 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE MASSO, SCOTT 1885 WEST HWY 520 COCOA, FL 32966	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100094853751 03/27/07--01033--009 **511.25 Steve Hiteman			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CNT SLATER, DENNIS 707 SOUTH WASHINGTON BOULEVARD SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS TOSCH, JOHN 707 S. WASHINGTON BLVD. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUCHANAN, VERNIN G 707 S. WASHINGTON BLVD. SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	50 Central Ave. Suite 900 Sarasota, FL 34236			<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
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: _____ 3/8/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>								