## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000006793

Entity Name: 600 L.C.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

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BUCHANAN, VERNON G

SARASOTA, FL 34236

KEVIN, BRODSKY S

TAMPA, FL 33611

3907 BAYSHORE BLVD.

50 CENTRAL AVE, SUITE 900

FILED Apr 09, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1885 WES COCOA, F	T HWY 520 L 32926				
Current M	ailing Addres	ss:	New Mailing Addres	New Mailing Address:	
50 CENTR SUITE 900 SARASOT					
FEI Number:	65-1016920	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
TOSCH, JOHN E ESQ. 50 CENTRAL AVE SUITE 900 SARASOTA, FL 34236 US			TOSCH, JOHN E 50 CENTRAL AVE SUITE 900 SARASOTA, FL 342	50 CENTRAL AVE	
	named entity of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both	
SIGNATUR	RE: JOHN E	TOSCH		04/09/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	1099 MANAGE	) Delete MENT COMPANY, L.L.C. VE, SUITE 900 - 34236	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( DE MASSO, SO 1885 WEST HY COCOA, FL 33	VY 520	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPS ( TOSCH, JOHN 50 CENTRAL A SARASOTA, FI	VE, SUITE 900	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: JOHN E TOSCH VPS 04/09/2009