## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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## Feb 06, 2006 08:00 AM DOCUMENT # L00000013764 **Secretary of State** 1. Entity Name DERF VI PROPERTIES, L.L.C. Principal Place of Business Mailing Address 119 NORTH 11TH STREET 119 NORTH 11TH STREET TAMPA, FL 33602 TAMPA, FL 33602 01302006 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3695058 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BAUER, JOSEPH T DO NOT WRITE 119 NORTH 11TH STREET TAMPA, FL 33602 IN THIS SPACE 5. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 2 MANAGING MEMBERS/MANAGERS TITLE HAME LEWIS, HENRY CITE STREET ADDRESS 119 NORTH 11TH STREET CITY-ST-ZIP TAMPA, FL 33602 TELLE 02/17/06-80049-010 50.00 BAUER, JOSEPH T NAME STREET ADDRESS 119 NORTH 11TH STREET TAMPA, FL 33602 CITY-ST-ZIP TITLE MANIC STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this fiting 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 empower of to execute this report as required by Chapter 608, Florida Statutes.

HTED HAME OF SIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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