

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011628

1. Entity Name
SUPER SIX INVESTMENTS, LLC

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 029 ****55.00

Principal Place of Business
2813 S. HIAWASSEE RD
ORLANDO FL 32835

Mailing Address
2813 S. HIAWASSEE RD
ORLANDO FL 32835

2. Principal Place of Business
2813 S. HIAWASSEE RD

3. Mailing Address

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
301

City & State
Orlando FL

City & State
Orlando FL

Zip
32835

Zip
32835

Country
USA

Country
USA

4. FEI Number
30 0055357

Applied For
Not Applicable

5. Certificate of Status Desired
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMPSON, THAD
15 S. ORANGE AVENUE
ORLANDO FL 32801**

Name
THAD THOMPSON

Street Address (P.O. Box Number is Not Acceptable)

2813 S. HIAWASSEE RD # 301

City
ORLANDO

FL Zip Code
32835

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 THAD THOMPSON
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/02
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President THAD THOMPSON 5710 MASTERS BLD Orlando FL 32819	<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	Vice President JEFF Cameron 2813 S. HIAWASSEE RD # 301 Orlando FL 32835	<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	Secretary Dave Johnson 2813 S. HIAWASSEE RD # 301 Orlando FL 32835	<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
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 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.

CR2E083 (4/02)

SIGNATURE: THAD THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/8/02 407-295-9250

Daytime Phone #