

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90163 009 ****50.00

DOCUMENT # L01000011628 1. Entity Name SUPER SIX INVESTMENTS, LLC					
Principal Place of Business 2813 S HIWASSEE RD #301 ORLANDO, FL 32835 US			Mailing Address 2813 S HIWASSEE RD #301 ORLANDO, FL 32835 US		
2. Principal Place of Business 2813 S. HIWASSEE RD Suite, Apt. #, etc. # 304 City & State Orlando FL 32835 Zip 32835 Country USA		3. Mailing Address 2813 S. HIWASSEE RD Suite, Apt. #, etc. # 304 City & State Orlando Florida Zip 32835 Country USA		<div style="font-size: 1.2em; font-weight: bold;">40011146</div>	
4. FEI Number 30-0055357				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent THOMPSON, THAD 2813 S HIWASSEE RD #301 ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name THOMPSON, THAD Street Address (P.O. Box Number is Not Acceptable) 2813 S. HIWASSEE RD # 304 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 DATE 2/9/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, THAD 5710 MASTERS BLVD 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	MGR CAMERON, JEFF 2813 S HIWASSEE RD #307 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	MGR JOHNSON, DAVE 2813 S HIWASSEE RD #304 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.

SIGNATURE **THAD THOMPSON** DATE **2/9/05**