2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # L01000015661 1. Entity Name GERBER REALTY CO. #6-402, LLC Principal Place of Business Mailing Address 7403 BAYSHORE DR 7403 BAYSHORE DR TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) 4. FEI Number City & State City & State Applied For **NO-T APPLICABLE** Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERBER, DONALD B Street Address (P.O. Box Number is Not Acceptable) 7403 BAYSHORE DR 401 TREASURE ISLAND FL 33706 City 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. (NOTE Registered Apart's grature required when renerating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGR TiTi F Delete Change Addition NAME GERBER, DONALD B NAME STREET ADDRESS 7403 BAYSHORE DR #401 STREET ADDRESS CITY - ST- ZIP TREASURE ISLAND FL 33706 CITY-ST-Z:P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 201 คาก-ักนักันักัด Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-Z-P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-Z-P TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP

IGNATURE: Cincello Sula DONAND 3. 600000 3/13/00 314 822-9757

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it am a managing member or manager of the