2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L02000012948

Entity Name: REES 6, LLC

Current Principal Place of Business:

153 107TH AVE.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

167 107TH AVE.
TREASURE ISLAND, FL 33706

Current Mailing Address:

153 107TH AVE.
TREASURE ISLAND, FL 33706

New Mailing Address:

167 107TH AVE.
TREASURE ISLAND, FL 33706

FEI Number: 58-2672871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRNE, GAIL A MGR
153 107TH AVE.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

BYRNE, GAIL A MGR
167 107TH AVE.
TREASURE ISLAND, FL 33706 US

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.

SIGNATURE: GAIL A. BYRNE 01/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BYRNE, GAIL MGR
Address: 153 107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM ( ) Delete
Name: BYRNE, LESLIE W MGRM
Address: 153 107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BYRNE, GAIL MGR
Address: 167 107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM (X) Change ( ) Addition
Name: BYRNE, LESLIE W MGRM
Address: 167 107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

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.

SIGNATURE: GAIL A. BYRNE PRES 01/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date