

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006303

Entity Name: C/MAX CAPITAL GP - VI, LLC

FILED
Jun 06, 2007
Secretary of State

Current Principal Place of Business:

1550 SAWGRASS CPT PKY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1550 SAWGRASS CPT PKY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 33-1044402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WATSON, MARC M
1550 SAWGRASS CPT PKY
SUNRISE, FL 33323 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATSON, KEVIN M
Address: 1550 SAWGRASS CPT PKY #230
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: WATSON, MARC M
Address: 1550 SAWGRASS CPT PKY #230
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, KEVIN M
Address: 1550 SAWGRASS CPT PKY #150
City-St-Zip: SUNRISE, FL 33323

Title: MGRM (X) Change () Addition
Name: WATSON, MARC M
Address: 1550 SAWGRASS CPT PKY #150
City-St-Zip: SUNRISE, FL 33323

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: KEVIN M WATSON

MGRM

06/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date