

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012209

1. Entity Name
OEP PROPERTIES 6, LLC



Principal Place of Business
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

Mailing Address
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0051417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, KENNETH M
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAYTON, MARK A 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000332641
04/26/05-80066-009 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #