

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012691

Entity Name: SIXTH AVENUE, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

860 MAPLETON TERRACE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

860 MAPLETON TERRACE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 61-1447769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, CATHERINE L
860 MAPLETON TERRACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: PT () Delete
Name: GRAY, CATHRINE J
Address: 860 MAPLETON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: LANE, ROBERT C
Address: 9721 SW 72 CT
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: LANE, ELIZABETH A
Address: 8202 SW 82 CT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

Title: PT (X) Change () Addition
Name: GRAY, CATHRINE L
Address: 860 MAPLETON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHERINE L GRAY

PT

04/29/2005

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