

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012691

Entity Name: SIXTH AVENUE, LLC

FILED  
Apr 27, 2007  
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/MANAGERS:**

Title: PT ( ) Delete  
Name: GRAY, CATHERINE L  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: CATHERINE L GRAY

P

04/27/2007

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