


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90074 030 \*\*\*\*50.00

<b>DOCUMENT # L03000031289</b>																											
<b>1. Entity Name</b> CAPITAL SIX INVESTMENTS, LLC																											
<b>Principal Place of Business</b> C/O A PARADISE, INC. REALTOR 5201 GULF DR. HOLMES BEACH, FL 34217		<b>Mailing Address</b> C/O A PARADISE, INC. REALTOR 5201 GULF DR. HOLMES BEACH, FL 34217																									
<b>2. Principal Place of Business</b> 5201 Gulf Dr		<b>3. Mailing Address</b> 5201 Gulf Dr																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
<b>City &amp; State</b> Holmes Beach		<b>City &amp; State</b> Holmes Beach FL																									
<b>Zip</b> 34217	<b>Country</b> USA	<b>Zip</b> 34217	<b>Country</b> Monterey																								
<b>4. FEI Number</b> 14-1893408		<b>Applied For</b> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> Additional Fee Required		<b>5.00</b>																									
<b>6. Name and Address of Current Registered Agent</b> ALEXANDER, WILLIAM F IV 5201 GULF DR. HOLMES BEACH, FL 34217		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
<b>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.</b> SIGNATURE <u>William Alexander IV</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/9/03</u>																											
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																									
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>																									
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**11. I hereby certify that the information supplied with this filing does not qualify 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 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:** William Alexander IV 1/8/04 9417784800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
WILLIAM F. ALEXANDER IV, MGR.