2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# L03000031289

Entity Name: CAPITAL SIX INVESTMENTS, LLC

Current Principal Place of Business:

5201 GULF DR.
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

5201 GULF DR.
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 14-1893408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, WILLIAM F IV
5201 GULF DR.
HOLMES BEACH, FL 34217 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: P ( ) Delete
Name: HOSTER, LYNN
Address: 5201 GULF DR.
City-St-Zip: HOLMES BEACH, FL 34217

Title: P ( ) Delete
Name: TOLBERT, QUENTON
Address: 5201 GULF DR.
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR ( ) Delete
Name: ALEXANDRA, WILLIAM
Address: 5201 GULF DR.
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOSTER, LYNN
Address: 5201 GULF DR.
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR (X) Change ( ) Addition
Name: TOLBERT, QUENTON
Address: 5201 GULF DR.
City-St-Zip: HOLMES BEACH, FL 34217

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: LYNN HOSTETLER MGR 02/21/2005

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