

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90040 029 \*\*\*\*50.00

<b>DOCUMENT # L03000039478</b>					
<b>1. Entity Name</b> GREATER FLORIDA TITLE COMPANY VI, L.L.C.					
<b>Principal Place of Business</b> 2355 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32801			<b>Mailing Address</b> 2355 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32801		
<b>2. Principal Place of Business</b> 8680 COMMODITY Cn Suite, Apt. #, etc. 200 A City & State ORLANDO FL Zip 32819		<b>3. Mailing Address</b> 8680 COMMODITY Cn Suite, Apt. #, etc. 200 A City & State ORLANDO FL Zip 32819		<b>Country</b> ORANGE	
<b>6. Name and Address of Current Registered Agent</b> KORSHAK, STEPHEN D C/O KORSHAK & BEAULIEU 2345 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809 32819				<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>Stephen D. Korshak</u> DATE: <u>4/20/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORSHAK, STEPHEN D 2355 SAND LAKE ROAD, SUITE 120 ORLANDO, FL 32809 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Stephen D. Korshak</u> <u>Stephen D. Korshak</u> <u>4/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



01162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1190417 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

407-345-0080