

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040256

1. Entity Name
ARENA SIX, LLC



Principal Place of Business
 214 E LUCERNE CIR
 ORLANDO, FL 32801

Mailing Address
 214 E LUCERNE CIR
 ORLANDO, FL 32801



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1189976

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

G&L AGENT SERVICES, INC.
 ATTN: PRESIDENT
 390 N. ORANGE AVE., STE. 600
 ORLANDO, FL 32801

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 IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

000000322253
 04/22/05-80005-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PAGE, GREGG
STREET ADDRESS	214 EAST LUCERNE CIR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	P
NAME	EICHENBLALT, STEVE
STREET ADDRESS	214 EAST LUCERNE CIR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #