


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90087 001 ***550.00

DOCUMENT # L04000001478			
1. Entity Name SUN VISTA PARTNERS VI, LLC			
Principal Place of Business THE KRESS BUILDING, SUITE 205 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US		Mailing Address C/O ERNEST L. MASCARA, P.A. 475 CENTRAL AVENUE, SUITE 202 ST. PETERSBURG FL 33701 US	
2. Principal Place of Business - No P.O. Box # 1950 LAKE AVE SE Suite, Apt. #, etc. B		3. Mailing Address 1950 LAKE AVE SE Suite, Apt. #, etc. B	
City & State LARGO, FL		City & State LARGO, FL	
Zip 33711	Country USA	Zip 33711	Country USA
4. FEI Number AP-PLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MASCARA, ERNEST L THE KRESS BUILDING, SUITE 202 475 CENTRAL AVENUE ST. PETERSBURG FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1950 LAKE AVE SE, B LARGO, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIANFILIPPO, STEVEN 475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701 <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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Charles / April Charles 5-1-07 (727) 581-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #