

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 04-27-2005 90033 005 *****50.00
L04000034380

DOCUMENT # L04000034380 1. Entity Name 601, LLC				 2005 JUN 28 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PO BOX 849 PENSACOLA, FL 32591 US		Mailing Address PO BOX 849 PENSACOLA, FL 32591 US		14002046 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04182005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 34-1995957	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGHES, FRANK S 44 NORTH JEFFERSON STREET SUITE 214 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 45 S. 9TH AVE City PENSACOLA FL Zip Code 32502	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUGHES, FRANK S PO BOX 849 PENSACOLA, FL 32591	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUGHES, JOAN C PO BOX 849 PENSACOLA, FL 32591	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PO BOX 849 PENSACOLA, FL 32591	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PO BOX 849 PENSACOLA, FL 32591	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PO BOX 849 PENSACOLA, FL 32591	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Frank S. Hughes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/20/05 Date Daytime Phone #		