


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Apr 02, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # L04000054468**

1. Entity Name  
**THE CENTERPOINT GROUP VI, LLC**



Principal Place of Business      Mailing Address  
**7510 BEACHVIEW DRIVE**      **7510 BEACHVIEW DRIVE**  
**NORTH BAY VILLAGE FL 33141**      **NORTH BAY VILLAGE FL 33141**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**20-1406937**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KNATTONGCOME, SIRIPHAN**  
**7510 BEACH VIEW DRIVE**  
**NORTH BAY DRIVE FL 33141**

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when renewing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KNATTONGCOME, SIRIPHAN	
STREET ADDRESS	7510 BEACH VIEW DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NETHONGKOME, YOUNGYUTH	
STREET ADDRESS	9510 BEACH VIEW DRIVE	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000878061	
CITY-ST-ZIP	04/14/08-80040-005 138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** S. Knattongcome (**SIRIPHAN KNATTONGCOME**) 3/29/08 (**(305) 762-5949**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #