* 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State DOCUMENT # L04000068014 05-08-2006 90036 035 ****50.00 ITHAKA HOLDINGS VI, LLC Principal Place of Business Mailing Address 40000000 4351 GULFSHORE BLVD. N., #5-N 4351 GULFSHORE BLVD. N., #5-N NAPLES, FL 34103 NAPLES, FL 34103 04272006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1641889 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ. DO NOT WRITE 821 FIFTH AVENUE SOUTH **SUITE 201** IN THIS SPACE NAPLES, FL 34102 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, 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, 2006 MANAGING MEMBERS/MANAGERS 9. AUE N. 447 MGR TITLE GOLDSMITH, JAN M NAME STREET ADDRESS 4351 GULFSHORE BLVD. NAPLES, FL 34103 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

JAN Goldsmith

FILED