

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068674

1. Entity Name
6101 LLC



Principal Place of Business
**1707 ORLANDO CENTRAL PARKWAY
SUITE 350
ORLANDO, FL 32809**

Mailing Address
**815 NORTH ROYAL STREET
SUITE 220
ALEXANDRIA, VA 22314**



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1781631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

4. Name and Address of Current Registered Agent

**FLEMMING, TODD
1707 ORLANDO CENTRAL PARKWAY
SUITE 350
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

6. 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 except 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, 2006**

1000000412013
02/10/06 80031-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLEMMING, TODD
1707 ORLANDO CENTRAL PARKWAY - STE 350
ORLANDO, FL 32809**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LANDIS, JANE
815 N ROYAL STREET - STE 220
ALEXANDRIA, VA 22314**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 600, Florida Statutes.

SIGNATURE: Jane Landis, MGRM

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

1/22/2006 783/544-390
Date Daytime Phone #