


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90042 049 ****50.00

DOCUMENT # L04000071879 1. Entity Name TBI 6, LLC	
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Principal Place of Business 2240 WEST FIRST STREET SUITE 100 FORT MYERS, FL 33901	Mailing Address 2240 WEST FIRST STREET SUITE 100 FORT MYERS, FL 33901
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1717514	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

ADKINS, STEVEN D
2240 WEST FIRST STREET
SUITE 100
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADKINS, STEVEN D 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHNEIDER, TOBEY 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, DALE 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESLOSKY, JAMES 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETT, JERRY 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STATHO, DENNIS 2240 WEST FIRST STREET, SUITE 100 FORT MYERS, FL 33901

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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:  **3/5/06 239 337-7585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #