

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071879

FILED
Apr 24, 2007
Secretary of State

Entity Name: TBI 6, LLC

Current Principal Place of Business:

2240 WEST FIRST STREET
SUITE 100
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2240 WEST FIRST STREET
SUITE 100
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-1717514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADKINS, STEVEN D
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: SCHNEIDER, TOBEY
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: ADKINS, DALE
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: CHESLOSKY, JAMES
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: PETT, JERRY
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete
Name: STATHO, DENNIS
Address: 2240 WEST FIRST STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN D ADKINS

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date