2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L04000071879

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:	DECK, ROBERT	
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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
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 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 03/20/2009

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