2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2011
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:

2043 W FIRST ST
FORT MYERS, FL 33901

Current Mailing Address:

2240 WEST FIRST STREET
SUITE 100
FORT MYERS, FL 33901

New Mailing Address:

2043 W FIRST ST
FORT MYERS, FL 33901

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:

ADKINS, STEVEN D
2043 W FIRST ST
FORT MYERS, FL 33901 US

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: _____ 02/23/2011

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: STEVEN D ADKINS TRUST
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR
Name: SCHNEIDER, TOBEY
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR
Name: ADKINS, DALE
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR
Name: CHESLOSKY, JAMES
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR
Name: DECK, ROBERT
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

Title: MGR
Name: STATHO, DENNIS
Address: 2043 W FIRST ST
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 Statues.

SIGNATURE: STEVE D ADKINS MGRM 02/23/2011

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