2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

11. I hereby certify that the inform limited liability company or the



FILED Mar 30, 2007 8:00 am

Secretary of State

DOCUMENT # L04000077598 03-30-2007 90037 026 ****50.00 1. Entity Name SEA GATE LAND HOLDINGS VI, LLC Principal Place of Business Mailing Address 60030674 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-1798926 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David M Silberstein SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE The Plaza Bldg SARASOTA, FL 34236 50 Central Ave. Ste 700 Sarasota, FL 34236 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. **X** Addition MGR TITLE ☐ Change TITLE □ Delete MGR MERRITT, BRIAN H NAME NAME Irving Gitlin 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 STREET ADDRESS 19 N. Blvd of the Presidents, #605 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 34236 Sarasota, FL 34236 ☐ Change ☐ Addition MGR Delete TITLE TITLE PORTER, TOWNSEND'H JR NAME NAME 19 NORTH BOULEVARD OF THE PRESIDENTS, #605 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE MGR X Delete TITLE ☐ Change HOLLOWAY, JOE R NAME 19 N BLVD OF THE PRESIDENTS #605 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tion supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.