2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90064 034 ***138.75

DOCUMENT # L05000000253

1. Entity Name
DESCON 6, LLC

Principal Place of Business	Mailing Address
508 TWIN RIVER DRIVE COVINGTON LA 70433 US	508 TWIN RIVER DRIVE COVINGTON LA 70433 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
122 N Dogwood Dr	122 N Dogwood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Covington, LA	City & State: Covington, LA
Zip: 70433 Country: St Tammany	Zip: 70433 Country: St Tammany

4. FEI Number 20-2109976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSE, JAMES B 122 N DOGWOOD DR COVINGTON LA 70433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE W. GRIESHABER 122 N Dogwood Dr Covington, LA 70433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Louise W. Grieshaber 2-8-08 985-893-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #