

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009253

Entity Name: SIXTH VENTURE, LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

2727 FRONTAGE RD  
DAVENPORT, FL 33837

**New Principal Place of Business:**

900 INGRAHAM AVE  
HAINES CITY, FL 33844

**Current Mailing Address:**

PO BOX 2135  
HAINES CITY, FL 33845

**New Mailing Address:**

FEI Number: 20-2163139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASON, DONALD J  
3840 ROE ROAD  
HAINES CITY, FL 33844 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: P ( ) Delete  
Name: MASON, DONALD J  
Address: PO BOX 2135  
City-St-Zip: HAINES CITY, FL 33845

Title: VP ( ) Delete  
Name: MASON, DEBORAH J  
Address: PO BOX 2135  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES:**

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: DONALD J MASON

P

04/07/2009

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