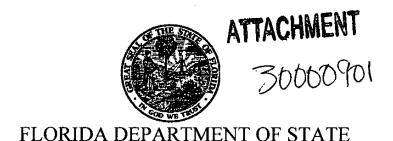
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State 01-30-2006 90150 050 ****50.00

DOCUMENT # L05000025363 1. Enlity Name RP/SIX DEVELOPMENT, LLC					01-30-2006 90150 050 ****50.00			
Principal Place 315 EAST NE IMMOXALEE,	W MARKET RD	Mailing Address PO BOX 3088 IMMOKALEE, FL 3414	13		1 1987nûn a	77 ABIAN OYIN 2 DAN ASIYN SW	riii 2914 1661 suss sins chies	. 8 (199) IN 1981
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/0	5)	
City & State		City & State			4. FE) Numb	and -3<0∶	30'L	Applied For Not Applicable
Zip	Country	Zip Country		try	Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	Registered Agent	
MUITERM	AN CHYE			Name				
WHITESM. 1715 MON FT MYERS		Street Address		(P.O. Box Numl	per is Not Acceptabl	e)		
				City			FL Zip C	ode
A 70 - 15 - 17		ab					FL	
	named entity submits this statement to ons of registered agent.	r the purpose of changing its	s teðiziet	sa omce or registe	ereciageni, or be	orn, in the State of Fi	orida. I am tambiar wi	in, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable (NO)	É: Registere	Agent signature require	d when reinstating)		GATE	
Filing Foe is \$50.00 } Due by May 1, 2006							te check payable to a Department of St	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE NAME	MGR PETER DESSAK	☐ Delete	TITLE				Chang	e Addition
STREET ADDRESS CITY-ST-ZP	315 E. NEW MAKE	ET RD. 34142		ET ADDRESS -ST-ZIP				
inte .	- Million Code 10	Oelete	nili				Change	e 🔲 Addition
NAME STREET ADDRESS			NAM STRE	E Et adoress				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		→	-SI-DP				
TITLE Name		☐ Delete	ŢITL8	,			Change	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP				ET ACORESS -ST- DP				
mu		De'ete	щ	· I			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAM STRE	E Et adoress			,	
CITY-ST-ZIP				·ST-ZIP				<u></u> -
TIFLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAM: STRE	ET ADDRESS				
CITY-ST-ZIP				- 51 - ZiP				
TITLE NAME		☐ Delete	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -SI-ZIP				
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have	the same	e legal effect as if a	made under oat	h; that I am a mana	urther certify that the ir ging member or mana	nformation ger of the
	2 ~	Ţ.	X)				
SIGNAT	URE: TETER DESSAK			AUTHORIZED REPRES		1/12/0	06 239-657 Devume Phone	



Division of Corporations

February 3, 2006

RP/SIX DEVELOPMENT, LLC PO BOX 3088 IMMOKALEE, FL 34143

Subject: RP/SIX DEVELOPMENT, LLC

Reference Number:

L05000025363

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc ANNUAL REPORTS SECTION