

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 JAN 18 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000025363</b> 1. Entity Name RP/SIX DEVELOPMENT, LLC					
Principal Place of Business 315 EAST NEW MARKET RD IMMOKALEE, FL 34142			Mailing Address PO BOX 3088 IMMOKALEE, FL 34143		
2. Principal Place of Business - No P.O. Box # 4051 Gulfshore Blvd. N.		3. Mailing Address 4051 Gulfshore Boulevard N.			
Suite, Apt. #, etc. Apt. 1202		Suite, Apt. #, etc. Apt 1202			
City & State Naples, Florida		City & State Naples, Florida		4. FEI Number 20-2503817	
Zip 34103		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHITESMAN, GUY E 1715 MONROE ST FT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Michael J. Volpe, Street Address (P.O. Box Number is Not Acceptable) c/o Robins, Kaplan, Miller & Ciresi L.L.P. 711 Fifth Avenue, Suite 201 City Naples <span style="float: right;">FL</span> Zip Code 34102-6628		
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 <u><i>Michael J. Volpe</i></u> DATE <u>1-17-07</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESSAK, PETER 315 E NEW MARKET RD IMMOKALEE, FL 34142 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jack E. Roberts 4051 Gulfshore Blvd. N., Apt. 1202 Naples, Florida 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	608086745296 01/31/07--01010---008 **75.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Jack E. Roberts</i></u>			Date <u>1/17/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					