## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000038498**

1. Entity Name
ALLEY CAT 6, LLC



Principal Place of Business

401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756

Mailing Address

451 CENTRAL PARK DR. Largo, FL 33771

## FILED Feb 21, 2008 08:00 AM Secretary of State



01082008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4763031

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756

## DO NOT WRITE IN THIS SPACE

|   | •  |  | •   |
|---|--|--|---|
| 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<br>After May 1, 2008 Fee will be \$538.75   |  |  |   |
| 9.  | MANAGING MEMBERS/MANAGERS  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM SIR REAL INVESTMENTS, LLC 401 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756 |  | ·   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | U00000934709<br>02/29/08-80003-002 138.75 |
| TITLE NAME STREET ADDRESS CITY - S1 - ZIP   | -  | DO   | NOT WRITE                                 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | IN   | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  | ,   |
| TILE  |  |  |   |

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2.16.08

127 (36 256

Daytime Pho