

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059480

FILED
Jan 17, 2008
Secretary of State

Entity Name: SIX PACK DEVELOPMENT, LLC

Current Principal Place of Business:

126 SW SUMATRA AVENUE
SUITE D
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

126 SW SUMATRA AVENUE
SUITE D
MADISON, FL 32340

New Mailing Address:

FEI Number: 04-3819054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEBURN, JAMES H
126 SW SUMATRA AVENUE
SUITE D
MADISON, FL 32340 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: MGRM () Delete
Name: RUTHERFORD, WILLIAM
Address: 3774 SW SUNDOWN CREEK RD
City-St-Zip: GREENVILLE, FL 32331 US

Title: MGRM () Delete
Name: HARTMAN, MICHAEL
Address: 3916 WOODGREEN WAY
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGRM () Delete
Name: WEEKS, SUE
Address: 3280 RUE DELAFITTE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM () Delete
Name: ROBINSON, LOWELL D
Address: POST OFFICE BOX 298
City-St-Zip: MADISON, FL 32341 US

Title: MGRM () Delete
Name: BROWN, WILLIAM F JR
Address: 208 NE ROCKY FORD ROAD
City-St-Zip: MADISON, FL 32340 US

Title: MGRM () Delete
Name: COLEBURN, JAMES H
Address: 126 SW SUMATRA AVENUE SUITE D
City-St-Zip: MADISON, FL 32340 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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: PATRICIA F. COLEBURN

MGRM

01/17/2008

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