

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059480

FILED  
Jan 07, 2011  
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 US

## 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  
Name: RUTHERFORD, WILLIAM  
Address: 3774 SW SUNDOWN CREEK RD  
City-St-Zip: GREENVILLE, FL 32331 US

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

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

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

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

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

I hereby 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

01/07/2011

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