

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063721

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** REAL ESTATE EQUITY PARTNERS SIX,LLC

**Current Principal Place of Business:**

7916 EVOLUTIONS WY  
STE 106  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

7916 EVOLUTIONS WY  
STE 106  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

9108 US HWY. 19  
2ND FLOOR  
PORT RICHEY, FL 34668

**New Mailing Address:**

9108 US HWY. 19  
2ND FLOOR  
PORT RICHEY, FL 34668

**FEI Number:** 20-3408228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILMORE, DAVID C  
2670 MASSACHUSETTS AVE,  
NEW PORT RICHEY, FL 34653 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: MGR ( ) Delete  
Name: BAMM REAL ESTATE GROUP, LLC  
Address: 7916 EVOLUTIONS WY, STE 106  
City-St-Zip: TRINITY, FL 34655

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAMM REAL ESTATE GROUP, LLC  
Address: 9108 US HWY. 19, 2ND FLOOR  
City-St-Zip: PORT RICHEY, FL 34668

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:** BAMM REAL ESTATE GROUP, LLC

MGR

03/26/2009

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