2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000067903

Entity Name: FIDDLESIX, LLC

Current Principal Place of Business:

12344 TREELINE AVENUE
6
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12344 TREELINE AVENUE
6
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-3125186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, JOHN E
12344 TREELINE AVENUE
SUITE 6
FORT MYERS, FL 33913 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:	COLE, JOHN E	
Address:	11210 BENT PINE DRIVE	
City-St-Zip:	FORT MYERS, FL 33913 US	
Title:	MGRM	( ) Delete
Name:	BLOXHAM, NORMAN R	
Address:	1860 CARBONATA DRIVE	
City-St-Zip:	ALVA, FL 33920 US	
Title:	MGRM	( ) Delete
Name:	TROMBLEY, MICHAEL	
Address:	15800 GLEN ISLE WAY	
City-St-Zip:	FORT MYERS, FL 33912 US	
Title:	MGRM	( ) Delete
Name:	TROMBLEY, BARBARA	
Address:	15800 GLEN ISLE WAY	
City-St-Zip:	FORT MYERS, FL 33912 US	
Title:	MGRM	( ) Delete
Name:	BERLINER, RHONDA E	
Address:	1357 SE 3 AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 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: JOHN COLE MGRM 04/27/2006

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