

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067903

FILED
Jul 16, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLE, JOHN E
12344 TREELINE AVENUE
SUITE 6
FORT MYERS, FL 33913 US

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 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: MICHAEL TROMBLEY

MGRM

07/16/2007

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