2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000077654

1. Entity Name
SIX-PACK INVESTMENTS, LLC

Principal Place of Business	Mailing Address
305 N.E. 1ST STREET GAINESVILLE, FL 32601	305 N.E. 1ST STREET GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

05222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
84-1687547
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EDINGER, GARY S ESQUIRE
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KOON, WILLIAM D JR.
STREET ADDRESS	3456 S.W. 42ND AVENUE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGR
NAME	KOON, WILLIAM K
STREET ADDRESS	813 SE BIBLE CAMP ST
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	MGR
NAME	DEESE, JOSEPH
STREET ADDRESS	3456 SW 42ND AVENUE, SUITE A
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/12/07-80003-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: William D Koon 6-5-07 386 961-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #