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
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

Mailing Address
305 N.E. 1ST STREET
GAINESVILLE, FL 32601

05222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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06/12/07-90003-004 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: _____ 6-5-07 386 961-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #