


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2. **FILED**
Mar 02, 2007 8:00 am
Secretary of State

02-01-2007 90052 049 ****50.00

DOCUMENT # L06000007016

1. Entity Name
6TH AVENUE NORTH, LLC



Principal Place of Business
**3609 COTTAGE CLUB LN
 NAPLES, FL 34105**

Mailing Address
**3609 COTTAGE CLUB LN
 NAPLES, FL 34105**

30001581



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01082007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
20-4322233

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAPASSO, JILL
 3609 COTTAGE CLUB LN
 NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 May 1, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAPASSO, JILL 3609 COTTAGE CLUB LN NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jill Trapasso **1/8/07** **339-860-0498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #