

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020188

FILED  
Jan 31, 2007  
Secretary of State

Entity Name: 6 FOOTAHS, LLC

## Current Principal Place of Business:

7021 MONARCH PARK DR  
APOLLO BEACH, FL 33572 US

## New Principal Place of Business:

7021 MONARCH PARK DR.  
APOLLO BEACH, FL 33572 US

## Current Mailing Address:

7021 MONARCH PARK DR  
APOLLO BEACH, FL 33572 US

## New Mailing Address:

PO BOX 26584  
TAMPA, FL 33623 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADISON, KIMBERLY J  
7021 MONARCH PARK DR  
APOLLO BEACH, FL FL 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: MADISON, KIMBERLY J  
Address: 7021 MONARCH PARK DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM ( ) Delete  
Name: PERRY, KAMILAH L  
Address: 7907 LONGWOOD RUN LANE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, MONICA J  
Address: 3709 BELLEWATER BLVD  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM ( ) Delete  
Name: SHADE, NICOLE  
Address: 2424 W. TAMPA BAY BLVD L-108  
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM ( ) Delete  
Name: DEMONBREUN, DESIREE S  
Address: 7907 LONGWOOD RUN LANE  
City-St-Zip: TAMPA, FL 33615 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, ERICA K  
Address: 3709 BELLEWATER BLVD  
City-St-Zip: RIVERVIEW, FL 33569 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:

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: KIMBERLY MADISON

MGRM

01/31/2007

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