## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000038089

1. Entity Name

ROCHELLE HOLDINGS VI, LLC

FILED Apr 30, 2008 08:00 AM Secretary of State

Principal Place of Business

1900 SUMMIT TOWER BLVD.

SUITE 820

ORLANDO, FL 32810

Mailing Address

1900 SUMMIT TOWER BLVD.

SUITE 820

ORLANDO, FL 32810



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1774953

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAYNE, CONNIE J 1900 SUMMIT TOWER BLVD., STE. 820 ORLANDO, FL 32810

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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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

<u> </u>	
9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PAYNE, CONNIE J 1900 SUMMIT TOWER BLVD. SUITE 820 ORLANDO, 32 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000935798 05/23/08-50087-001 138.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4128108

407 875 3400