2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000057079

1. Entity Name G6 PROPERTIES, LLC



Principal Place of Business

Mailing Address

5200 N. OCEAN DRIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5200 N. OCEAN DRIVE

20B RIVIERA BEACH, FL 33404 20B RIVIERA BEACH, FL 33404

US

FILED
Jan 14, 2008 08:00 AM
Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
06-1781054 - Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(*j_ +.

6. Name and Address of Current Registered Agent

PETER P. LINDLEY, P.A. 1200 NORTH FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered egent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
THE	MGRM	•	
NAME	HOWARD B GANTHER TRUST		
STREET ADDRESS	5200 N. OCEAN DRIVE APT. 20B		
CITY-ST-ZIP	RIVIERA BEACH, SINGER ISLAND, FL 33404	<u> </u>	
TITLE	MGRM .		
NAME	ANGELA C GANTHER TRUST		HAAAAAAAA
STREET ADDRESS	5200 N OCEAN DRIVE APT. 20B		U00000783753 01/16/08-80028-001 143.75
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11. I hereby certify that the information supplied with this filing does not qualify for the examptions 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: Linguis Hontille
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESEN

1-11-08 561-842-4065

Date Daytime Phone #