2008 LIMITED LIABILITY COMPANY

Jan 22, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000079087 01-22-2008 90122 042 ***138.75 WELLENS-BRUSCHAYT OF SIXTH STREET, LLC Principal Place of Business Mailing Address **UUUUNUUU** 1020 REFLECTIONS LAKE LOOP 1020 REFLECTIONS LAKE LOOP LAKELAND, FL 33813 LAKELAND, FL 33813 01162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5365226 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELLENS-BRUSCHAYT, TATIANA ANANIE DO NOT WRITE 1020 REFLECTIONS LAKE LOOP LAKELAND, FL 33813 IN THIS SPACE 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 9. MANAGING MEMBERS/MANAGERS MGR TITLE WELLENS-BRUSCHAYT, TATIANA ANANIE 1020 REFLECTIONS LAKE LOOP STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> TAtiona Wellens-Bruschart AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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FILED