

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L95000000223 1. Entity Name MILITARY 6, L.C.	
---	---

Principal Place of Business 5801 CONGRESS AVE BOCA RATON, FL 33487	Mailing Address 5801 CONGRESS AVE BOCA RATON, FL 33487
--	--

DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0567453	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE, FL 33394**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

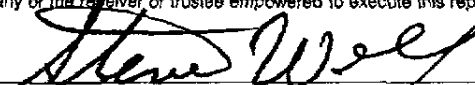
**Filing Fee is \$50.00
Due by May 1, 2006**

000000456765
03/16/06-80041-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVEN 5801 CONGRESS AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISINGER, ALBERT % 197 S. SERVICE RD. PLAINVIEW, LONG ISLAND, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARDI, ALFRED 75 JACKSON AVE. SYOSSET, NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, ERIC 5801 CONGRES AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2/23/06** **561-498-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #