2007 LIMITED LIABILITY COMPANY

DOCUMENT # L95000000223

1. Entity Name MILITARY 6, L.C.



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

5801 CONGRESS AVE BOCA RATON, FL 33487 Mailing Address

5801 CONGRESS AVE BOCA RATON, FL 33487



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ANNUAL REPORT

02062007 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

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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 v	
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent alignature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

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	

U00000648498 03/07/07-80012-010 50.00

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11. I hereby certify that the Information supplied with this filling 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 eath; 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

TUBE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Steve Wolf

2/14/07

521-498-5600