


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000003785	
1. Entity Name EXTENSIS VI LLC	

Principal Place of Business C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 403 WOODBIDGE, NJ 07095	Mailing Address C/O DON ABERNATHY 900 ROUTE 9 NORTH, SUITE 403 WOODBIDGE, NJ 07095
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03202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3850865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

000000479357
04/08/06-80045-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RADIN, BRIAN 900 ROUTE 9 NORTH, SUITE 403 WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABERNATHY, DON 900 ROUTE 9 NORTH, SUITE 403 WOODBIDGE, NJ 07095
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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:  **3/21/06 732-602-3782**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DON ABERNATHY