## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M05000000245

1. Entity Name

PARRISH PROPERTIES VI, LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

7804 COOPER ROAD PLEASANT PRAIRIE, WI 53158 Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

PO BOX 580488

PLEASANT PRAIRIE, WI 53158



DO NOT WRITE IN THIS SPACE

01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 52-1929213

1-28-08

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PARRISH, JOHN L 4039 NW BLICHTON ROAD OCALA, FL 34482

SIGNATURE:

	37. 3 11 10				
DO	NO	$\prod_{j_i,i_l}$	NF	RIT	E
g China di A	أوه أنهي والمهائم	30		· 4/49 [ 1]	
IN	FHIS	SiS	PA	\CI	Εį

		to gradie along the first the first the			
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	Hollsol	JOHN L PARRISH	1-28-08		
	Signature, typed or printed name of registered agent and little if applicable	(NOTE; Registered Agent signature required when reinstating)	DATE		
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		middles of the consequence of the growth of		
TITLE	MGRM	Martin San San San San San San San San San Sa			
NAME	PARRISH, JOHN L	The strike that which the second			
STREET ADDRESS	PO BOX 580488	the first the state of the stat	Comment of the second of the s		
CITY-ST-ZIP	PLEASANT PRAIRIE, WI 53158		30 000000812982		
TITLE		A CONTRACTOR OF THE STATE OF TH	~~02/12/08~80071~005 138.75 \		
NAME		Property of the second second			
STREET ADDRESS		A Secretary of the second of t			
CITY-ST-ZIP		English and the state of the st			
TITLE					
NAME			And the Ball of the Charles of the Control of the C		
STREET ADDRESS CITY-ST-ZIP		PARTIE DO	NOT WRITE		
TITLE			THIS SPACE		
NAME STREET ADDRESS		The state of the s	The teachers of the teachers are the teachers and the		
CITY-ST-ZIP	•		The state of the s		
			是他的"不是我们的",他们就是一个一个		
TITLE NAME		Posturia garante que o finir a la ser la como de la com			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	The state of the s			
CITY-ST-ZIP	7				
mie n. n.	7 7 7 7 9 9				
NAME	The state of the s	The state of the s			
STREET ADDRESS					
CITY-ST-ZIP			the state of the s		
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 it 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.					