2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001173

1. Entity Name
CASOT EAST BROWARD 6 LLC



Principal Place of Business

C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901 Mailing Address

C/O NATIONAL CORPORATE RESEARCH, LTD. 615 SOUTH DUPONT HIGHWAY DOVER, DE 19901

FILED Apr 23, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of char the obligations of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida. , I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent sychative required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000915202 05/09/08-80005-023 138.75

7.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	DIX, ROBERT L		
STREE! ADDRESS	552 ASHLEY WAY	ī,	
CITY-SI-ZIP	DALEVILLE, VA 240833139		
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CITY-ST-ZIP			
11. I hereby certify that the information surrained with this liting close and quality for the promotions contained in Chapter 119. Elevide Statutes Liting close and quality for the promotions of the Chapter 119.			

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 azcurate 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 justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE:

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

411100

046-367-5400

Date

Daytime Phone #