

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000796

FILED
Jan 13, 2009
Secretary of State

Entity Name: SIX-COLLAT, L.L.C.

Current Principal Place of Business:

3405 FOURTH AVE. SOUTH
BIRMINGHAM, AL 35222

New Principal Place of Business:

Current Mailing Address:

PO BOX 1328
BIRMINGHAM, AL 35201

New Mailing Address:

FEI Number: 63-1215227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COLLAT, CHARLES A SR.
Address: 3405 FOURTH AVE. SOUTH
City-St-Zip: BIRMINGHAM, AL 35222

Title: MGR () Delete
Name: COLLAT, CHARLES A JR.
Address: 3405 FOURTH AVE. SOUTH
City-St-Zip: BIRMINGHAM, AL 35222

Title: MGR () Delete
Name: GOECKE, NANCY C
Address: 3405 FOURTH AVE. SOUTH
City-St-Zip: BIRMINGHAM, AL 35222

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES A COLLAT JR MGR 01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date