

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001309

1. Entity Name
TGM SERVO #6 LLC



Principal Place of Business

**C/O TGM ASSOCIATES L.P.
650 FIFTH AVENUE, 28TH FLOOR
NEW YORK, NY 10019**

Mailing Address

**C/O TGM ASSOCIATES L.P.
650 FIFTH AVENUE, 28TH FLOOR
NEW YORK, NY 10019**



07052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4061750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TGM MANAGEMENT LLC
650 FIFTH AVENUE, 28TH FLOOR
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TGM MANAGEMENT, L.P.
650 FIFTH AVENUE
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

TGM Servco # 6 LLC

SIGNATURE: _____

SIGNATURE AND By:

Veta Bills, Vice President

AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/24/06 (212) 830-9310