


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000007016

1. Entity Name  
 6TH AVENUE NORTH, LLC



Principal Place of Business      Mailing Address

3609 COTTAGE CLUB LN      3609 COTTAGE CLUB LN  
 NAPLES, FL 34105      NAPLES, FL 34105

**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-4322233	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRAPASSO, JILL  
 3609 COTTAGE CLUB LN  
 NAPLES, FL 34105

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAPASSO, JILL 3609 COTTAGE CLUB LN NAPLES, FL 34105
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U00000822512  
 02/20/08-80001-004 138.75

**DO NOT WRITE 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: Jill Trapasso      2/1/08      239-860-0498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #