## 2005 LIMITED LIABILITY COMPANY

## **FILED** Apr 29, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L01000008137

1. Entity Nam QUIET W	ATERS 6, LLC				
-	e of Business POWERLINE RD. FL 33073	Mailing Address 20027 WATERS EDGE DR. C/O NORMAN CHADWICK BOCA RATON, FL 33434	,	 	11   1885   1884   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886   1886
C	OO NOT WRITE		CE	04252005 No Chg-LLC	2E083 (10/03)  Applied For Not Applicable \$5.00 Additional Fee Regulied
CHADWICK, NORMAN 20027 WATERS EDGE DR. 1 BOCA RATON, FL 33434			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  Signature, typed or printed name of registered agent and liftle if applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005					
9.	MANAGING MEMBERS	/MANAGERS			Annual Control of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CHADWICK, NORMAN 20027 WATERS EDGE DR. BOCA RATON, FL 33434		U00000343325 04/29/05-80092-007 50.00		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRIT	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>	5 FAR	Terrandon Anni Million Million Control	
CITY-ST-ZIP TITLE NAME STREET ADDRESS					The transfer of the second sec

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 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

LESCULES - NORMAN CHADWICK SIGNATURE: JOHNSON TO SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY -ST-ZIP