

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90047 040 ****50.00

DOCUMENT # L01000008137



1. Entity Name
QUIET WATERS 6, LLC

Principal Place of Business Mailing Address
1350 N.E. 56TH STREET 1350 N.E. 56TH STREET
SUITE 200 SUITE 200
FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334

20019411



2. Principal Place of Business 3. Mailing Address
360 - 366 S. Powerline Rd 20027 Waters Edge DR.
Suite, Apt. #, etc. # 6 Suite, Apt. #, etc. c/o Norman Chadwick

CHECK HERE IF MAKING CHANGES

City & State Deerfield, Florida City & State Boca Raton, Fl.
Zip 33073 Country U.S.A. Zip 33434 Country U.S.A.

4. FEI Number 65-1105968 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABDO, JOHN E
1350 N.E. 56TH STREET
SUITE 200
FT. LAUDERDALE FL 33334

Name NORMAN CHADWICK
Street Address (P.O. Box Number is Not Acceptable) 20027 WATERS EDGE DR
1
City Boca Raton Fl. FL Zip Code 33434

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 *NORMAN CHADWICK*

Norman Chadwick owner Jan 24 '03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ABDO, JOHN E	
STREET ADDRESS	1350 NE 56 ST, STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	OWNER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN CHADWICK MGR	
STREET ADDRESS	20027 WATERS EDGE DRIVE	
CITY-ST-ZIP	BOCA RATON, FL, 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman Chadwick* DATE: Jan 24 '03 PHONE: 561/483-6559

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

Date Daytime Phone #

CR2E083 (10/02)