2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L02000000253 TIBURON 6-102, L.L.C.

Principal Place of Business 174 COCONUT PALM RD BOCA RATON, FL 33432 Mailing Address 174 COCONUT PALM RD BOCA RATON, FL 33432

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90186 003 ****50.00



DO NOT WRITE IN THIS SPACE

JRE: John S. S. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For
02-0535310	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

COHEN, EDWARD'B-54 S.W. BOCA RATON BLVD. BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

B. 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				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONI, JOHN S 174 COCONUT PALM RD -BOCA RATON, FL 33432		•	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	10.10		
TITLE 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.				