

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000018273

1. Entity Name  
6923 BARTOW, LLC



Principal Place of Business  
1601 BELVEDERE RD., SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401

Mailing Address  
1601 BELVEDERE RD., SUITE 407 SOUTH  
WEST PALM BEACH, FL 33401



04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4228105

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL  
1601 BELVEDERE RD., SUITE 407 SOUTH  
WEST PALM BEACH, FL ~~33401~~ 33406

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVEDERE RD., SUITE 407 SOUTH WEST PALM BEACH, FL <del>33401</del> 33406
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U000000131921  
04/27/04-80021-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Andrea Letz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-21-04

Date

561-296-1510 x109

Daytime Phone #