2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT #L02000021307

1. Entity Name
6362 PERRY, LLC

Principal Place of Business	Mailing Address
1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33401	1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC   CR2E063 (10/03)

4. FEI Number	Applied For
56-2307332	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33401 33406

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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

000000131558
04/27/04-80010-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	METZ, JOHN
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 407 SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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_   4-21-04   561-296-1510 x 109

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