

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006303

1. Entity Name
C/MAX CAPITAL GP - VI, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 PM 3:14

LR04/07/04

Principal Place of Business
515 EAST LAS OLAS BOULEVARD, SUITE 1020
FORT LAUDERDALE, FL 33301

Mailing Address
515 EAST LAS OLAS BOULEVARD, SUITE 1020
FORT LAUDERDALE, FL 33301



2. Principal Place of Business
1550 SAWGRASS CPT PKWY

3. Mailing Address
1550 SAWGRASS CPT PKWY

Suite, Apt. #, etc.
#230

Suite, Apt. #, etc.
#230

City & State
SUNRISE, FL

City & State
SUNRISE, FL

Zip
33323

Country
USA

Zip
33323

Country
USA

02122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
33-1044402

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, KEVIN
515 EAST LAS OLAS BOULEVARD, SUITE 1020
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
KEVIN M. WATSON
Street Address (P.O. Box Number is Not Acceptable)
1550 SAWGRASS CPT PKWY
#230
City
SUNRISE FL Zip Code
33323

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

(NOTE: Registered Agent signature required when reinstating)

3/8/04

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MEMR
KEVIN M. WATSON
1550 SAWGRASS CPT PKWY
SUNRISE, FL 33323
MEMR
KEVIN M. WATSON
1550 SAWGRASS CPT PKWY #230
SUNRISE, FL 33323
100030962101
03/24/04--01003--011 **2455.00

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:

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

KEVIN WATSON

3/8/04

Date

954.315.6602

Daytime Phone #