


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90061 041 ****50.00

DOCUMENT # L03000012117					
1. Entity Name MMR VI, LLC					
Principal Place of Business 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406			Mailing Address 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LINZNER, BETH E 2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431			Name <u>MAPES, PAUL</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1601 Belvedere Road, Ste 407 South</u>		
			City <u>WEST PALM BEACH</u> FL Zip Code <u>33406</u>		
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 <u>Paul Mapes</u> <u>CFO</u> DATE <u>4-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: Andrea Lee

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

4-21-04

Date

561-296-1510x109

Daytime Phone #

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.