2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012117 1. Entity Name MMR VI. LLC



Principal Place of Business

SIGNATURE:

Mailing Address

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

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FILED Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90155 003 ****50.00



DO NOT WRITE IN THIS SPACE

02272007 No Crig-1

02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0574801

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 BELVEDER RD STE 407 SOUTH WEST PALM BEACH, FL 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		(NOTE: Registered Agent signature required when reinstating) DATE
Fi	lling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR METZ, JOHN 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NTLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of the empowered to execute this report as required by Chapter 608. Florida Statutes		

SLOOME

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

4-4-07

561-684-2101

Daytime Phone #