


LIMITED LIABILITY COMPANY  
ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000110629 1. Entity Name <b>Four towers # 6, LLC.</b>	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUN 30 PM 1:14

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2. Principal Place of Business - No P.O. Box # <b>5600 SW 135 Avenue</b>	3. Mailing Address <b>5600 SW 135 Avenue</b>
Suite, Apt. #, ect. <b>SUITE 210</b>	Suite, Apt. #, ect. <b>SUITE 210</b>
City & State <b>Miami FLORIDA</b>	City & State <b>Miami, FLORIDA</b>
Zip <b>33183</b> Country <b>US</b>	Zip <b>33183</b> Country <b>US</b>

CR2E083B (1/11)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <b>FOUR TOWERS RA, LLC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5600 SW 135 Avenue</b>	
<b>SUITE 210</b>	
City <b>Miami</b>	FL Zip Code <b>33183</b>

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]* **Wis S tones** 06/30/2011

January 1 - May 1: Fee is \$138.75  
After May 1, Fee is \$538.75  
Amended AR is \$50.00  
Make Check Payable to Florida Department of State

E-mail Address: \_\_\_\_\_

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM FOUR TOWERS ENTERPRISES, L.P. 5600 SW 135 Avenue Suite 210 Miami FL 33183</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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10. **900207761849**  
**05/17/11 01008 022 \$138.75**

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11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.017, 155, F.S.

SIGNATURE: *[Signature]* **Wis S tones** 06/30/2011

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