

**LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

For Office Use Only  
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DOCUMENT # L06000110629  
 1. Entity Name  
 Four towers # 6, LLC.



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 # 5600 SW 135 Avenue		3. Mailing Address 5600 SW 135 Avenue	
Suite, Apt. #, ect. SUITE 210		Suite, Apt. #, ect. SUITE 210	
City & State Miami FLORIDA		City & State Miami, FLORIDA	
Zip 33183	Country US	Zip 33183	Country US

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	FOUR TOWERS RA, LLC
Street Address (P.O. Box Number is Not Acceptable)	5600 SW 135 Avenue
	SUITE 210
City	Miami
FL	Zip Code 33183

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	MGRM FOUR TOWERS ENTERPRISES, L.P. 5600 SW 135 Avenue Suite 210 Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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