

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007912

Entity Name: R W L 6, L.L.C.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

629 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN FULLER, CPA
100 WEST CYPRESS CREEK RD STE 1045
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0963436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVERN, ROBERT W
629 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOVERN, ROBERT W
Address: 629 IDLEWYLD DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: LOVERN, SALLY P
Address: 629 IDLEWYLD DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: R W LOVERN

MGR

01/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date