

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007912

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

FILED
Mar 05, 2006
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:

PO BOX 7928
FORT LAUDERDALE, FL 33338

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/MANAGERS:

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 Chapter 119, 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: ROBERT W LOVERN

MGRM

03/05/2006

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