

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007912

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

FILED  
Jan 21, 2003  
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: ROBERT W LOVERN

MGR

01/21/2003

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