### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L05000088363**

1. Entity Name

INLAND TOWERS CONDOS INVESTORS, LLC



Mar 23, 2007 08:00 A Secretary of State

Principal Place of Business

5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126

Mailing Address

5835 BLUE LAGOON DRIVE, SUITE 302 MIAMI, FL 33126



DATE

01302007 No Chg-LLC

CR2E083 (11/05)

**FILED** 

4. FEI Number 20-3443007

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

BALOYRA, JOSE 300 GROVE PROFESSIONAL BUILDING 2950 SW 27TH AVENUE MIAMI, FL 33133

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	The above named entity submits this	statement for the purpose of cha	inging its registered office o	r registered agent, or both, in the S	tate of Florida I am	familiar with, ar	nd accept
	the obligations of registered agent.						
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CIL	MATURE		i				

(NOTE: Registered Agent signature registed when reinstation)

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MEDEROS, JORGE
STREET ADDRESS	5835 BLUE LAGOON DRIVE, SUITÉ 302
CITY+ST-ZIP	MIAMI, FL 33126
TITLE	MGR
NAME	GARCIA, EDUARDO J
STREET ADDRESS	5835 BLUE LAGOON DRIVE. SUITE 302
CITY-ST-ZiP	MIAMI, FL 33126
TITLE	
NAME	· '
STREET ADDRESS	
CITY-SI-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TUTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<b>11.</b> I hereby (	certify that the information supplied with this filing does not qualify for the e

U00000677421 03/30/07-80104-010 50.00

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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 of the receiver or trustee empowered to exploit this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT

2/2/2007.

Daytime Phone #