


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # A23538 1. Entity Name TOWER ADVANCED MRI, LLLP	
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Principal Place of Business 4 COLUMBIA DRIVE, STE. 110 TAMPA, FL 33606	Mailing Address 4 COLUMBIA DRIVE, STE. 110 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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04202007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2791869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MRI CENTER MANAGEMENT, INC. 4 COLUMBIA DRIVE, STE. 110 TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J39311	STREET ADDRESS	
NAME	MRI CENTER MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	4 COLUMBIA DRIVE, STE. 110		
CITY-ST-ZIP	TAMPA, FL 33606		
DOCUMENT #		STREET ADDRESS	
NAME	STANLEY, PAUL M	CITY-ST-ZIP	
STREET ADDRESS	16407 AVILA BLVD.		
CITY-ST-ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME	NEWKIRK, THOMAS R	CITY-ST-ZIP	
STREET ADDRESS	4943 BAY WAY DRIVE		
CITY-ST-ZIP	TAMPA, FL 33629		
DOCUMENT #		STREET ADDRESS	
NAME	CLAUER, JOSEPH J	CITY-ST-ZIP	
STREET ADDRESS	1004 TARAY DE AVILA		
CITY-ST-ZIP	TAMPA, FL 33613		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

05/17/07-80037-016 500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Thomas R Newkirk DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE