


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001411			
1. Entity Name THE TOWER WORKS, LTD.			
Principal Place of Business 1785 HILL AVENUE MANGONIA PARK FL 33407		Mailing Address 1785 HILL AVENUE MANGONIA PARK FL 33407	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City, State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0527564		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINKER, MARLYN 1785 HILL AVENUE MANGONIA PARK FL 33407		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	P93000010396	STREET ADDRESS	
NAME	THE TOWER WORKS, INC.	CITY - ST - ZIP	
STREET ADDRESS	1785 HILL AVENUE		
CITY - ST - ZIP	MANGONIA PARK FL 33407-2236		
DOCUMENT #		STREET ADDRESS	U000000136251
NAME		CITY - ST - ZIP	04/29/04-800008-010 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			



MOORE CR2E003 (11/03)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify 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 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: *Marlyn Minker as President, General Partner* **4/6/04** **561 881 1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #