

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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
200 Tradewind Drive
Suite, Apt. #, etc.

3. Mailing Address
200 Tradewind Drive
Suite, Apt. #, etc.

01042005 Chg-LP CR2E003 (10/03)



City & State
Palm Beach, Florida

City & State
Palm Beach, Florida

4. FEI Number
65-0527564

Applied For
Not Applicable

Zip Country
33480 USA

Zip Country
33480 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINKER, MARLYN
1785 HILL AVENUE
MANGONIA PARK, FL 33407

Name
Marlyn Minker
Street Address (P.O. Box Number is Not Acceptable)
200 Tradewind Drive

City Palm Beach, FL 33480 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 *Marlyn Minker* *Marlyn Minker* 1/24/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

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
NAME THE TOWER WORKS, INC.
STREET ADDRESS 1785 HILL AVENUE
CITY-ST-ZIP MANGONIA PARK, FL 334072236

STREET ADDRESS 200 Tradewind Drive
CITY-ST-ZIP Palm Beach, FL 33480

DOCUMENT #
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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* *Marlyn Minker* 1/24/05 561 844 1425
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE