

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000001456</b>																																																		
1. Entity Name <b>TOWER RIDGE ENTERPRISES, L.C.</b>																																																		
Principal Place of Business <b>4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127</b>	Mailing Address <b>4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127</b>	  01062005 No Chg-LLC      CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>06-1570954</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>06-1570954</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																																													
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6. Name and Address of Current Registered Agent  <b>GACIOCH, WILLIAM T 950 MONTGOMERY RD. ALTAMONTE SPRINGS, FL 32714</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																																
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 _____ <small>Signature, typed or printed name of registered agent and Use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																																																		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>																																																		
9. <b>MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">GACIOCH, WILLIAM T</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">4221 N. BUFFALO ST.</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">ORCHARD PARK, NY 14127</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">GACIOCH, MICHAEL T</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">4221 N. BUFFALO ST.</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">ORCHARD PARK, NY 14127</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">HANNON, KATHERINE</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">4221 N. BUFFALO ST.</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">ORCHARD PARK, NY 14127</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">GACIOCH, DAVID W</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">4221 N. BUFFALO ST.</td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;">ORCHARD PARK, NY 14127</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY- ST- ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	MGRM	NAME	GACIOCH, WILLIAM T	STREET ADDRESS	4221 N. BUFFALO ST.	CITY- ST- ZIP	ORCHARD PARK, NY 14127	TITLE	MGRM	NAME	GACIOCH, MICHAEL T	STREET ADDRESS	4221 N. BUFFALO ST.	CITY- ST- ZIP	ORCHARD PARK, NY 14127	TITLE	MGRM	NAME	HANNON, KATHERINE	STREET ADDRESS	4221 N. BUFFALO ST.	CITY- ST- ZIP	ORCHARD PARK, NY 14127	TITLE	MGRM	NAME	GACIOCH, DAVID W	STREET ADDRESS	4221 N. BUFFALO ST.	CITY- ST- ZIP	ORCHARD PARK, NY 14127	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  <div style="text-align: right; padding-right: 20px;">000000343795 04/29/05-80109-025 50.00</div>
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11. 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 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.  <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div><div style="width: 35%; text-align: right;">Date <u>2/17/05</u> Daytime Phone # _____</div></div>																																																		