

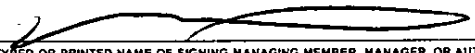


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 014 ****50.00

DOCUMENT # L00000001456					
1. Entity Name TOWER RIDGE ENTERPRISES, L.C.					
Principal Place of Business 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127			Mailing Address 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127		
2. Principal Place of Business 15101 QUAILS BLUFF CIRCLE			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LAKE WALES, FLORIDA			City & State		
Zip 33853		Country USA		4. FEI Number 06-1570954	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GACIOCH, WILLIAM T 950 MONTGOMERY RD. ALTAMONTE SPRINGS, FL 32714			Name GACIOCH, WILLIAM T		
			Street Address (P.O. Box Number is Not Acceptable) 15101 QUAILS BLUFF CIRCLE		
			City LAKE WALES		
			FL		Zip Code 33853
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 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, WILLIAM T 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, MICHAEL T 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNON, KATHERINE 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, DAVID W 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 4/25/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		
Michael T. Gacioch					