


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000001456 1. Entity Name TOWER RIDGE ENTERPRISES, L.C.	
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Principal Place of Business 15101 QUAILS BLUFF CIRCLE LAKE WALES, FL 33853	Mailing Address 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127
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01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1570954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GACIOCH, WILLIAM T 15101 QUAILS BLUFF CIRCLE LAKE WALES, FL 33853
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**DO NOT WRITE
IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000811254
02/11/08-80019-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, WILLIAM T 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, MICHAEL T 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNON, KATHERINE 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, DAVID W 4221 N. BUFFALO ST. ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/25/08 (716) 662-0340

Date

Daytime Phone #