


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90180 001 ***100.00

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| DOCUMENT # L00000011034 |  |
| 1. Entity Name CLUB TOWER, LLC | |

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| Principal Place of Business 14 EAST WASHINGTON STREET, SUITE 404 ORLANDO, FL 32801 | Mailing Address 14 EAST WASHINGTON STREET, SUITE 404 ORLANDO, FL 32801 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04272004 Chg-LLC CR2E083 (10/03)

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| Name THARP, GARY G | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) 14 EAST WASHINGTON STREET, SUITE 404 ORLANDO, FL 32801 | | Street Address (P.O. Box Number is Not Acceptable) | |
| City ORLANDO, FL | | City | |
| State FL | | State | |
| Zip Code | | Zip Code | |

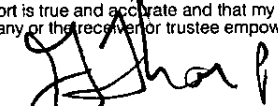
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THARP, GARY G 14 EAST WASHINGTON STREET, SUITE 404 ORLANDO, FL 32801 <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 |
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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 606, Florida Statutes.

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|---|------------------------|--------------------------------------|
| SIGNATURE:  | Date 4/24/04 | Daytime Phone # 4072060060 |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |