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**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 10, 2002 8:00 am Secretary of State DOÇUMENT # L01000018928 05-22-2002 90220 004 \*\*\*\*50.00 1. Entity Name TOWER II DEVELOPMENT CO., L.L.C. Principal Place of Business Mailing Address 315 N. ATLANTIC AVENUE 315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 920463. Mailing Address 2. Principal Place of Business 535 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For Boach , FL 59-3756237 Not Applicable 37118 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name: FINCKE, GERALD B Street Address (P.O. Box Number is Not Acceptable) 315 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 City 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. (NOTE: Registered Agent eignature required when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES (9/01) ☐ Belete TITLE ☐ Change ☐ Addition NAME FINCKE, GERALD B NAME CRZEO83 STREET ADDRESS STREET ADDRESS 315 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-7P DAYTONA BEACH FL 32118 TITLE Managing Mombor Delete TITLE ☐ Change **✓** Addition NAME Anderson George Atlantic Ave STREET ADDRESS STREET ADDRESS N. CITY-ST-ZIP CITY-ST-ZIP Bouch FL 32118 TITLE TITLE \_ \_ Delete Addition MAIRE NAME STREET ADDRESS STREET ADDRESS Peninsula Dr. Daytone Beach, FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition Managing Momber NAME NAME Karumi tos STREET ADDRESS N. Atlantic AUC. STREET ADDRESS CITY-ST-ZIP Boxich, FL 32118 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY ST-719 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 flability company or the repelver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE