

FILED  
Jun 10, 2002 8:00 am  
Secretary of State

05-22-2002 90220 004 \*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018928  
1. Entity Name  
TOWER II DEVELOPMENT CO., L.L.C.

Principal Place of Business  
315 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

Mailing Address  
315 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

92046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
535 Silver Beach Ave  
Suite, Apt. #, etc.

City & State  
Daytona Beach, FL

4. FEI Number  
59-3756237  
Applied For  
Not Applicable

Zip  
Country  
32118 U.S.A.

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FINCKE, GERALD B  
315 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  
MGR FINCKE, GERALD B  
STREET ADDRESS 315 N. ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Managing Member George Anderson  
STREET ADDRESS 315 N. Atlantic Ave  
CITY-ST-ZIP Daytona Beach, FL 32118  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Managing Member Gretchen Anderson  
STREET ADDRESS 3010 S. Peninsula Dr.  
CITY-ST-ZIP Daytona Beach, FL 32118  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Managing Member George Karami  
STREET ADDRESS 635 N. Atlantic Ave  
CITY-ST-ZIP Daytona Beach, FL 32118  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Change Addition

TITLE NAME  
Delete

TITLE NAME  
Change Addition

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/02 386-257-5077  
Date Daytime Phone #

CR2E083 (9/01)