

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90126 032 \*\*\*\*\*50.00

**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

535 SILVER BENCH AVE  
DAYTONA BEACH, FL 32118

**24063269**

2. Principal Place of Business

3. Mailing Address

42 S Peninsula Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

Daytona Beach FL

4. FEI Number

59-3756237

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

Volusia

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINCKE, GERALD B  
315 N. ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

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. 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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGRM ☐ Delete  
NAME ANDERSON, GEORGE  
STREET ADDRESS 315 N ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM ☐ Delete  
NAME ANDERSON, GRETCHEN L.  
STREET ADDRESS 3010 S PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM ☐ Delete  
NAME KARAMITOS, GEORGE  
STREET ADDRESS 635 N ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-28-2004**  
Date Daytime Phone #