


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020051 1. Entity Name TOWER ELECTRICAL CONSTRUCTION, LLC	
---	---

Principal Place of Business 6434 N.W. 5TH WAY FT. LAUDERDALE, FL 33309	Mailing Address 6434 N.W. 5TH WAY FT. LAUDERDALE, FL 33309
--	--

DO NOT WRITE IN THIS SPACE



04212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3758983	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

U00000133081
04/27/04-80070-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HECTOR, F. NORBERT JR 421 RALEIGH VIEW ROAD RALEIGH, NC 27610
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SKOLNICK, MICHAEL 6434 N.W. 5TH WAY FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TURNER, STEPHEN 6434 N.W. 5TH WAY FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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: *F. Norbert Hector Jr.* F. Norbert Hector Jr. 4/20/04 919-835-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #