2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # L02000002003 1. Entity Name 03-09-2004 90290 032 ****50.00 TINER TOWER, LLC Principal Place of Business Mailing Address 4130 NW 10TH AVENUE 4130 NW 10TH AVENUE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 Principal Place of Business Mailing Address US (1) 6205 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number Applied For 75-2993240 Not Applicable \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JAMES TINER, JAMES L Street Address (P.O. Box Number is Not Acceptable) 4130 NW 10TH AVENUE FORT LAUDERDALE FL 33309 DSPREY LANDING 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE MGRM TITI F Change Delete ☐ Addition TIMER JAMES L. TINER, JAMES L NAME NAME 11481 OSPREY LANDING WAY STREET ADDRESS 4130 NW 10TH AVENUE STREET ADDRESS MYERS FL 33908 FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MGRM TITLE ☐ Addition NAME TINER, JEAN M NAME LANDING WAY OSPREY 4130 NW 10TH AVENUE STREET ADDRESS STREET ADDRESS 11481 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED