2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017512

1. Entity Name
TOWLE HOUSE, LLC

Principal Place of Business	Mailing Address
2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 US	2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
75-3074205
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUGUST & KULUNAS, P.A.
250 AUSTRALIAN AVENUE SOUTH
1100
WEST PALM BEACH, FL 33401

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000292677
04/07/05-80080-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SEARCY, CHRISTIAN D
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	BARNHART, F. GREGORY
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	MGRM
NAME	BLOCK, LANCE J
STREET ADDRESS	2139 PALM BEACH LAKES BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-4-05 (561) 686-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #