2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000017512

1. Entity Name
TOWLE HOUSE, LLC



Principal Place of Business

2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 US Mailing Address

2139 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409

FILED Mar 29, 2007 08:00 A Secretary of State



03092007 No Chg-LLC

CR2E083 (11/05)

561-686 6300

Davtime Phone ≢

3-21-07

4. FEI Number	 	Applied For
75-3074205		Not Applicable
5. Certificate of Status Desired		00 Additional Required

6. Name and Address of Current Registered Agent

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

SIGNATURE

DO NOT WRITE IN THIS SPACE

**COLLYC	IN BEACH, I'L JOYO'			
8. The above the obligati	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_				
Signature, typed or printed name of registered agent and little II applicable. (NOTE Registered Agent signature required when reinstating) - DATE				
. Fi	ling Fee Is \$50.00 ue by May 1, 2007			
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	04/05/07-80034-006 50.00		
NAME	BARNHART, F. GREGORY	Out Oak on a down a war day		
STREET ADDRESS CITY-ST-ZIP	2139 PALM BEACH LAKES BLVD			
- 	WEST PALM BEACH, FL 33409			
TITLE	MGRM			
NAME STREET ADDRESS	BLOCK, LANCE J 2139 PALM BEACH LAKES BLVD	a the state of the		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	DO NOT WRITE		
	MEGT FALM BEAGIT, I'E 30400			
TITLE NAME		IN THIS SPACE		
STREET ADDRESS		, · · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP				
TITLE				
NAME		100		
STREET ADDRESS		1		
CITY-ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this thing does not on this report is true and accurate and that my signature ability company of the receiver or trustee empowered to ex	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the equite this report as required by Chapter 608, Florida Statutes.		

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE