

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90039 036 \*\*\*\*50.00

**DOCUMENT # L02000020372**

1. Entity Name

**SOUTHWESTERN TOWER CRANE & HOIST, LLC**



Principal Place of Business

**1360 NW 33RD ST  
POMPANO BEACH, FL 33064**

Mailing Address

**1360 NW 33RD ST  
POMPANO BEACH, FL 33064**

**60055253**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08212007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**22-3891119**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH P ESQ.  
% MANELLA & KLAPHOLZ  
2500 HOLLYWOOD BOULEVARD, SUITE 212  
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

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 September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RETTERATH, STEVE**  
STREET ADDRESS **1360 NW 33RD ST**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **MGRM** ☐ Delete  
NAME **ROBERTSON, JIM**  
STREET ADDRESS **1360 NW 33RD STREET**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **MGRM** ☐ Delete  
NAME **RETTERATH, JASON**  
STREET ADDRESS **1360 NW 33RD STREET**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **RETTERATH, STEVE**  
STREET ADDRESS **1241 ROYAL PALM WAY**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ROBERTSON, JAMES**  
STREET ADDRESS **5954 NW 74TH TERRACE**  
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **RETTERATH, JASON**  
STREET ADDRESS **10708 EL PARAISO PL**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**JASON RETTERATH 8/21/07 954-973-3030**