Apr 07 03 11:09a Joseph P. Klapholz, P.A. 4/1

4/18/

FILED
May 29, 2003 8:00 am
Secretary of State
04-18-2003 90081 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020372

1. Entity Name
SOUTHWESTERN TOWER CRANE & HOIST, LLC

44002888

Principal Place of Business	Mailing Address
2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020	2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1360 NW 33RD ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State:
Zip: 33064 Country:	Zip: Country:

4. FEI Number: 22-3891119 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLAPHOLZ, JOSEPH P ESQ. % MANELLA & KLAPHOLZ 2500 HOLLYWOOD BOULEVARD, SUITE 212 HOLLYWOOD FL 33020	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 _____ DATE

FILE NOW! FEE IS $50.00
Make Check Payable to: Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member RETTERATH, Steve 1360 N.W.33rd St. Pompano Beach,Fl. 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing member ROBERTSON, JIM 1360 N.W. 33rd Street Pompano Beach, Fl. 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member RETTERATH, Jason 1360 N.W. 33rd Street Pompano Beach, Fl. 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Managing member
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Telephone Number