


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031763 1. Entity Name TOWERS ENTERPRISES, L.L.C.	
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Principal Place of Business 540 S.E. 47TH TERRACE CAPE CORAL, FL 33904	Mailing Address 540 S.E. 47TH TERRACE CAPE CORAL, FL 33904
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04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0053684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, AGUSTIN J 540 S.E. 47TH TERRACE CAPE CORAL, FL 33904	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TORRES, AGUSTIN J 4801 TARPON CT. CAPE CORAL, FL 33904
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 4-26-04 (239) 9451118 <small>Daytime Phone #</small>