2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031763

Entity Name: TOWERS ENTERPRISES, L.L.C.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

540 S.E. 47TH TERRACE 532 SE 47TH TERRACE CAPE CORAL, FL 33904

SUITE 1-2

CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

532 SE 47TH TERRACE 540 S.E. 47TH TERRACE

SUITE 1-2 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 US

FEI Number: 90-0053684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TORRES, AGUSTIN J TORRES, AGUSTIN J 540 S.E. 47TH TERRACE 532 SE 47TH TERRACE CAPE CORAL, FL 33904 US

SUITE 1-2 CAPE CORAL, FL 33904 US

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.

SIGNATURE: AGUSTIN J TORRES 06/29/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

TORRES, AGUSTIN J TORRES, AGUSTIN J Name: Name: Address: 4801 TARPON CT. Address: 4801 TARPON CT.

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AGUSTIN J TORRES 06/29/2005