## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 20, 2006 08:00 AM **Secretary of State** DOCUMENT # L02000031763 1. Entity Name TOWERS ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 532 SE 47TH TERRACE 532 SE 47TH TERRACE SUITE 1-2 SUITE 1-2 CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 US 07172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0053684 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TORRES, AGUSTIN J DO NOT WRITE 532 SE 47TH TERRACE SUITE 1-2 IN THIS SPACE CAPE CORAL, FL 33904 8. The above name: entity subry tst hig 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 SIGNATURE riame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000571400 Filing Fee is \$50.00 Due by September 6, 2006 07/20/06-80007-015 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME TORRES, AGUSTIN J STREET ADDRESS 4801 TARPON CT. CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

In supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily that the information to 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 acciver or justige empowered to execute this report as required by Chapter 608, Florida Statutes 11. I hereby certify that the informatig indicated on this report is true a limited liability company or the

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYP AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

**FILED**