2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000032568

1. Entity Name
TOWER PROPERTIES, LLC

Principal Place of Business	Mailing Address
613 OAKFIELD DRIVE BRANDON, FL 33511	122 LINSLEY AVE STE A BRANDON, FL 33511

01202005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3071548
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WYLIE, WARREN W II
122 LINSELY AVE, STE A
BRANDON, FL 33511

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NANNI, M. DOUGLAS
STREET ADDRESS	613 OAKFIELD DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	SILVERSTEIN, JOANTHAN S
STREET ADDRESS	613 OAKFIELD DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM
NAME	BEKHOR, DAVID
STREET ADDRESS	613 OAKFIELD DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-60082-016 50.00

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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: Jonathan Silverstein 1/20/05 (813) 657-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #