

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032801

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: TOWER MEDICAL GROUP, LLC

**Current Principal Place of Business:**

1958 BRANTLEY CIRCLE  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1958 BRANTLEY CIRCLE  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 20-2642735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, ROBERT D  
1958 BRANTLEY CIRCLE  
CLERMONT, FL 34711 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: L T PROPERTIES, LLC  
Address: 1958 BRANTLEY CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: NC REAL ESTATE INVESTMENTS, LLC  
Address: 12616 PARK AVENUE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: HANDSOME INVESTMENTS, INC.  
Address: 5804 TARAWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT D. THOMPSON

PRES

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date