2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
03-08-2005 90028 006 ****50.00

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1. Entity Name
TOWLES PLAZA I, LLC

20019295

01052005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
2825 TAMIAMI TRAIL PUNTA GORDA, FL 33950	C/O DAVID A HOLMES, ESQ POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447

2. Principal Place of Business		3. Mailing Address	
		99 NESBIT STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PUNTA GORDA, FL	
Zip	Country	Zip: 33950	Country: US

4. FEI Number: 54-2147886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLMES, DAVID A ESQ
FARR, FARR, EMERICH, ET AL
99 NESBIT ST.
PUNTA GORDA, FL 33950-3636

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWLES, TIMOTHY B 2825 TAMIAMI TRAIL PUNTA GORDA, FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2705 TAMIAMI TRAIL #411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Timothy B Towles Manager 941-575-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

TIMOTHY B. TOWLES, MANAGER