2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
04-26-2005 90010 016 ***150.00

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1. Entity Name
TOWERS 807-808 LLC

Principal Place of Business	Mailing Address
104 CRANDON BLVD, STE 323 KEY BISCAYNE, FL 33149	104 CRANDON BLVD, STE 323 KEY BISCAYNE, FL 33149

2. Principal Place of Business	3. Mailing Address
104 Crandon Blvd #417	104 Crandon Blvd #417
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne	City & State: Key Biscayne
Zip: FL 33149. Country:	Zip: FL 33149. Country:

04062005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0774745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANGUART, JULIO
1428 BRICKELL AVE, STE 206
MIAMI, FL 33131

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 _____ 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VALLARINO, ANDRES 104 CRANDON BLVD, STE 323 KEY BISCAYNE, FL 33149	☒ Delete	MGR VALLARINO, ANDRES 104 CRANDON BLVD #417 KEY BISCAYNE, FL 33149.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ECHEVERRIA, GUSTAVO 104 CRANDON BLVD, STE 323 KEY BISCAYNE, FL 33149	☒ Delete	MGR ECHEVERRIA, GUSTAVO 104 CRANDON BLVD #417 KEY BISCAYNE, FL 33149	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE