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.
Key Biscayne	Key Biscayne
Zip: FL Country: 33149.	Zip: FL Country: 33149.

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	7. Name and Address of New Registered Agent
MANGUART, JULIO 1428 BRICKELL AVE, STE 206 MIAMI, FL 33131	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 resigning) 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	MGR ☒ Delete	TITLE	MGR ☐ Change ☐ Addition
NAME	VALLARINO, ANDRES	NAME	VALLARINO, ANDRES
STREET ADDRESS	104 CRANDON BLVD, STE 323	STREET ADDRESS	104 CRANDON BLVD #417
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	KEY BISCAYNE, FL 33149.
TITLE	MGR ☒ Delete	TITLE	MGR ☐ Change ☐ Addition
NAME	ECHEVERRIA, GUSTAVO	NAME	ECHEVERRIA, GUSTAVO
STREET ADDRESS	104 CRANDON BLVD, STE 323	STREET ADDRESS	104 CRANDON BLVD #417
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #