

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90054 011 \*\*\*138.75

60030640



04242008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000088180</b> 1. Entity Name <b>TOWER HOLDINGS, LLC</b>					
Principal Place of Business <b>718 W. MLK BLVD.</b> <b>TAMPA, FL 33603 US</b>			Mailing Address <b>718 W. MLK BLVD.</b> <b>TAMPA, FL 33603 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1702 N. FLORIDA AVE.</b>		3. Mailing Address <b>P.O. BOX 3275</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>38-3712831</b>	
Zip <b>33602</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>NELSON, G. MICHAEL</b> <b>718 W. MLK BOULEVARD</b> <b>SUITE 200</b> <b>TAMPA, FL 33603</b>			7. Name and Address of New Registered Agent Name <b>MARVIN SOLOMON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1702 N. FLORIDA AVE.</b> City <b>TAMPA</b>		
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.			FL Zip Code <b>33602</b>		
SIGNATURE <u>MARVIN SOLOMON, MEMBER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>24 Apr 08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, MICHAEL 1507 E. 7TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, ROBERT 1507 E. 7TH AVENUE TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, G. MICHAEL 718 W. MLK BLVD. TAMPA, FL 33603	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>ROBERT B. SOLOMON</u> <u>4/24/08</u> <u>913-992-9803</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					