## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000054460\_\_\_\_\_

1. Entity Name

PHOÉNIX TOWERS, LLC



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410

11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410



01072008 No Chg-LLC

CR2E083 (12/07)

|    | 4. FEI Number                    |  |                                   | Applied For    |  |
|----|----------------------------------|--|-----------------------------------|----------------|--|
| ١, | 20-5268490                       |  |                                   | Not Applicable |  |
|    | 5. Certificate of Status Desired |  | \$5.00 Additional<br>Fee Required |                |  |

6. Name and Address of Current Registered Agent

HELGESEN, ANDREW 11380 PROSPERITY FARMS ROAD, SUITE 201 PALM BEACH GARDENS, FL 33410 DO NOT WRITE

| 8. The above<br>the obligat   | named entity submits this statement for the purpose of challions of registered agent.       | inging its registered office or registered agent, or both, in the State | of Florida. I am familiar with, and accept |  |  |  |
|---|---|---|--|--|--|--|
| SIGNATURE.  | Signature, typed or printed name of registered agent and title if applicable                | (NOTE: Registered Agen) signature required when reinstating)            | DATE                                       |  |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 |   |   |  |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | MGR<br>SCHMITT. JOSEF<br>11380 PROSPERITY FARMS RD. STE 201<br>PALM BEACH GARDENS, FL 33410 |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   | 000789291<br>08-80019-0178198 "75          |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | DO NOT  | WRITE                                      |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   | IN THIS   | SPACE                                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS                                       |   |   |  |  |  |  |

11. I hereby certify that the information supplied with this filling 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 employment to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE ANT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PED OR PRINTED NAME OF STANING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01.11.2008

101/026

Daytime Phone