


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000067358</b>	
1. Entity Name TOWER EATERY, LLC	

Principal Place of Business 2274 FENTON AVENUE CLERMONT, FL 34711	Mailing Address 2274 FENTON AVENUE CLERMONT, FL 34711
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**DO NOT WRITE IN THIS SPACE**

04302008No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-3130095	Applied For 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

WELU, GERALD  
 2274 FENTON AVENUE  
 CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000932375  
 05/22/08 00001 025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELU, GERALD 2274 FENTON AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELU, MARY KAY 2274 FENTON AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELU, DOUGLAS L 786 S. GRAND HIGHWAY CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:** *Gerald Welu*      4-29-8

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