



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90013 027 ****50.00

DOCUMENT # L05000089026					
1. Entity Name TONER PROPERTIES LLC					
Principal Place of Business 16215 N.W. 15TH AVENUE MIAMI, FL 33169			Mailing Address 16215 N.W. 15TH AVENUE MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box # 3801 COMMERCE PKWY		3. Mailing Address 3801 COMMERCE PKWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State MIRAMAR, FL			
Zip 33025		Country U.S.A.		4. FEI Number 20-1029064	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HIGHTOWER, JAMES M CEO 16215 N.W. 15TH AVENUE MIAMI, FL 33169			7. Name and Address of New Registered Agent Name: JAMES M. HIGHTOWER Street Address (P.O. Box Number is Not Acceptable): 3801 COMMERCE PKWY City: MIRAMAR FL Zip Code: 33025		
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: JAMES M. HIGHTOWER <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGHTOWER, JAMES M 16215 NW 15 AVE MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JAMES M. HIGHTOWER 3801 COMMERCE PKWY MIRAMAR, FL. 33025	<input checked="" 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
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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: James M. Hightower			1-11-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		