

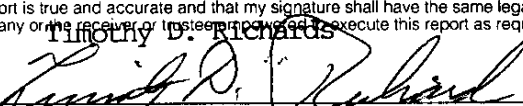


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000115294</b>						<b>FILED</b> 06 MAY 11 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Entity Name</b> FIRST TOWER LLC				Principal Place of Business 2665 S. BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133			
Mailing Address % RICHARDS P.A. 2665 S. BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133							
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		03202006    Chg-LLC    CR2E083 (11/05)		<b>4. FEI Number</b> 20-3873909	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State		City & State		City & State		City & State	
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DRIVE, STE. 703 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code			
<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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
<b>TITLE</b> MGR <input type="checkbox"/> Delete <b>NAME</b> RICHARDS, TIMOTHY D <b>STREET ADDRESS</b> 2665 S. BAYSHORE DRIVE, STE. 703 <b>CITY-ST-ZIP</b> MIAMI, FL 33133				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800075555868</b> 05/31/06--01030--001    **1200.00			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			
<b>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 and warrant to execute this report as required by Chapter 608, Florida Statutes.</b>							
<b>SIGNATURE:</b> 				3/21/06 (305) 858-9900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #	